

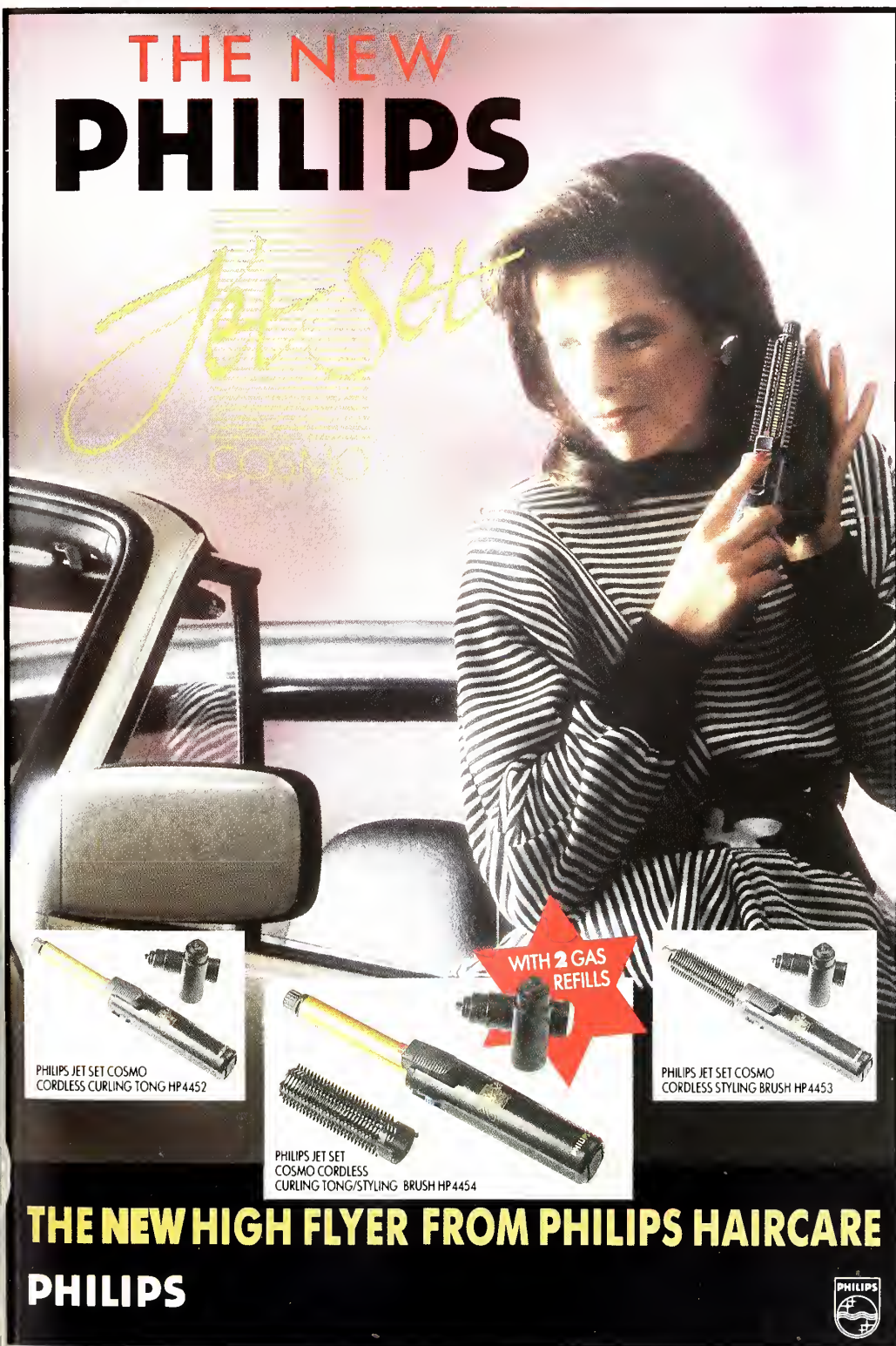
CHEMIST & DRUGGIST

the newsweekly for pharmacy

November 18, 1989

THE NEW PHILIPS

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COSMO



PHILIPS JET SET COSMO
CORDLESS CURLING TONG HP4452

WITH 2 GAS REFILLS

PHILIPS JET SET COSMO
CORDLESS STYLING BRUSH HP4453

PHILIPS JET SET
COSMO CORDLESS
CURLING TONG/STYLING BRUSH HP4454

THE NEW HIGH FLYER FROM PHILIPS HAIRCARE
PHILIPS



**Counterfeit
steroids sold
on market**

**Pharmacist
jailed for
script forgeries**

**Benzodiazepines:
a prescription
for trouble?**

**More expected
of residential
home service**

**Topics in
treatment**

**Strike latest from
down under**

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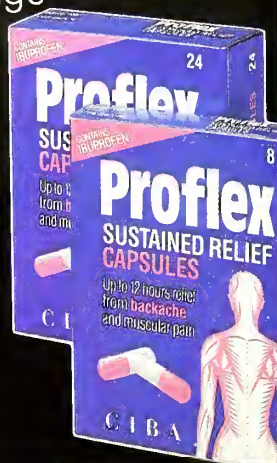
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COMMENT

The Pharmaceutical Society inspectorate is to be commended on its inquiries into the alleged sales of steroid creams and lotions by shopkeepers and market traders in certain London Afro-Caribbean communities for the purpose of lightening skin. Under the Medicines Act the Society is required to enforce the provisions relating to the sale, supply or administration of medicinal products available on prescription only. Normally it will do this through pharmacy inspection because POMs are supposedly not available anywhere else. Pharmacists will be gratified to see that the inspectorate is able to extend its investigations to cover alleged unlawful sale of POMs from unlicensed premises.

This particular problem is of concern firstly because of the adverse effects corticosteroids could have if used improperly, but equally importantly, because some of the products allegedly available are counterfeit containing a variety of active ingredients. The best the public can hope for is that the product they purchase for "skin lightening" is simple cream BP, and nothing more potent.

The Pharmaceutical Society has reported the problem to pharmacists to warn them of possible approaches by

suspect salesmen: it is to be hoped that any pharmacist is more likely to spot potential counterfeit or substandard medicines, notifying the Society as required. The real problem is how to alert the public.

The Department of Health has an obligation to do this but presumably will act only if the problem is national rather than a "little local difficulty". Perhaps this is a case for pharmacists in such localities to take their own steps to warn customers of potential dangers. Quite obviously anyone asking to buy any of the preparations mentioned on p816 could first be asked where they had last bought the product before enlightening the would-be customer of the problem. A notice could be posted in the pharmacy window listing the products, warning that they are only available on prescription, that use other than under a doctor's direction is dangerous, that if there is any lightening of the skin it is likely to be accompanied by serious side effects, and that some could be counterfeit and therefore harmful in themselves.

Alternatively, a direct approach to local community leaders with the same information might bring better results for the public.

RPSGB investigates counterfeit steroid sales

Pharmacists have been warned to look out for salesmen offering counterfeit medicines, following the discovery, by the Royal Pharmaceutical Society's inspectors, of fake topical steroids on sale in London markets.

The Society's investigation started in April following a complaint that steroids were being sold from a market stall, Alan Davidson, deputy head of the Law Department, told *C&D*. So far, the products have been found in retail shops in Afro-Caribbean communities in North and South London. "These sales are alleged to have been made by the shopkeepers concerned for the purposes of lightening the skin," says the Society. Many of the creams have subsequently proved to be counterfeit containing little or no active ingredient and are not the product of the companies concerned.

Products include: Dermovate cream (bearing some Arabic lettering), Dermovate soap, Betnovate N cream, Betnovate lotion (bearing some Arabic lettering), Betneval creme (ostensibly from France), Topsyne (ostensibly from Italy), Topifram creams (ostensibly from France), Diprosone cream

(ostensibly from France).

Mr Davidson said that some of the products were genuine and have been exported to West Africa and reimported, while some were counterfeits with some active ingredients or no ingredients at all. There were also cases of products that were genuinely licensed for the UK market, being sold illegally. The counterfeits were believed to have originated from West Africa, Mr Davidson said. The inspectors have not been able to identify the salesmen or saleswomen concerned, he added.

Retailers allege they were sold the products for cash by itinerant salesmen or saleswomen whom, it was alleged were of West African origin, says the Society. Inquiries are continuing and there is no evidence that these products are in the legitimate pharmaceutical distribution chain, the Society says. "However, pharmacists are reminded of the importance of purchasing from 'bona fide' wholesalers."

Any pharmacist approached with these products should contact the Society's chief inspector (tel: 01-735 9242 ext 370).

Glaxo Laboratories,

manufacturers of Dermovate and Betnovate (sold as Betneval in France), expressed their concern at yet another counterfeit case involving their products. Julie Cracknell from Glaxo's public relations department told *C&D* that this was the fourth counterfeit incident so far this year involving the company. There have been two cases involving Zantac tablets and one of Ventolin inhalers. Previously Glaxo had been unaffected by such issues.

She pointed out that Glaxo do not even make a Dermovate soap. The company had co-operated with the Society to analyse the products. But there was no evidence that any of these products had entered authorised channels of distribution, she said.

GP budgets could affect UK trade

GP drug budgets would lead to a deterioration in the UK balance of trade, according to a Henley Centre report published last week.

Older, less expensive drugs and generics are likely to replace newer, safer, more effective but more expensive products, the report says. The White Paper confirms the UK Government's unpredictability in its policy towards the industry, and the profitability of pharmaceutical companies is likely to decline further. The consequent reduction in investment will have significant spin-offs throughout the whole economy.

The net loss to the trade balance could exceed £700 million per year within 10 years, the Henley Centre adds, estimating that 5,000, mainly graduate jobs could be lost and tax revenues could fall by £60m a year, before even considering the likely effect of R&D cuts.

The report, commissioned and financed by Eli Lilly, suggests drug budgets are unlikely to reduce growth in medicines expenditure by more than 1 or 2 per cent. "A report on the effects of the NHS White Paper on the pharmaceuticals industry". Henley Centre. Tel: 01-353 9961.

Safes are best for CDs

A safe, preferably fixed to the floor or the wall, is the best thing to keep Controlled Drugs secure, according to crime prevention officer Geoffrey Hardcastle.

He was speaking at a Camden and Islington Family Practitioner Committee/Chubb seminar on "Health, safety and security of pharmaceutical and dental premises", at University College Hospital, London, last week.

"Home Office approved cabinets are easily broken into," Mr Hardcastle said. He does not recommend them because pharmacies are prime targets for drug theft: "Most burglars are opportunist, but not when it comes to robbing pharmacies."

He said any pharmacist who wishes to use a safe should contact their local police station, or Scotland Yard for an exemption form. He also recommended the services of local crime prevention officers, and identified the type of advice that pharmacists would be given: use of window locks (with bars or grilling in problem areas), strong solid doors with five-lever mortice dead locks, good lighting and burglar alarm systems.

Most of these are good deterrents to burglars, Mr Hardcastle said. Especially useful are burglar alarms that send a signal to a central station computer, which is relayed to New Scotland Yard, who then put out a call to the local police. "It is a more expensive system, but the police always respond and attend," he said.

Mr Hardcastle said that pharmacists should not worry about the Association of Chief Police officers policy on standards for alarm systems, which some alarm companies are using as a business ploy (*C&D*, November 4, p730). It will affect only those alarms which emit an excessive number of false calls, he said.

"The question I am most commonly asked is 'What should I do?' The answer is don't do anything. The rule of the thumb is don't get involved. Just stand well back and call the police," he said.

He recommended the use of a panic alarm button: "Police respond within seconds. It is a priority call." An alternative is a trill alarm, Mr Hardcastle said. "It's cheap, easy and portable. It can be used to attract help, or as a weapon — placed up against the attacker's ear. It's well worth it." Holborn Police are running a "Crime Shop" giving advice on all aspects of crime prevention at 22 Red Lion Street, London WC1 starting November 20 and running for two weeks. Open Monday to Friday 9am-5pm.

EC decision on supplements within two years

The European Commission will make a decision within the next two or three years on whether dietary supplements such as ginseng, fish oils and garlic will fall under Community food or medicines legislation, John Wells, director of the Proprietary Association of Great Britain, forecast this week.

Classifying supplements as foods may not provide protection from regulatory change, he warned at a conference on OTC dietary supplements on Tuesday, since the Commission is setting out to establish a single market for foods based on mutual recognition of national standards. He said manufacturers should think carefully about the positioning of their brands for the future.

In some European countries products such as garlic are marketed as foods (eg the UK), and no claims can be made in labelling or advertising for their

benefits in preventing illness. Elsewhere (eg Germany) such products are treated as medicines and can make claims in accordance with their product licence. As Member States adopt a more harmonised approach to the issue and content of marketing authorisations for medical products, this situation is unlikely to continue, said Mr Wells.

The future legal classification of vitamin supplements is even more confused. Various Member States base their decisions on whether the product is presented in a "medicinal form", dosage levels, and the presence of particular vitamin ingredients.

Unless the industry can suggest any alternatives, the most likely outcome would be changes in the directives to classify most single vitamin products as medicines, with some multivitamin formulations regarded as foods, he said.

SHHD turns down Society plea on needle swaps

The Scottish Home and Health Department has turned down a request to allow pharmacists to make free supplies of injecting equipment to addicts.

The plea was made by the Royal Pharmaceutical Society's Scottish Department, which says that the rejection of the argument for flexibility is likely to reduce the numbers of pharmacists wishing to be involved in exchange schemes, putting a greater burden on those pharmacists who are willing.

SHHD said it was willing to allow Lothian Health Board to exchange syringes and needles free of charge following payment for the first set of supplies, provided that the injecting equipment was purchased by the pharmacist concerned. In rejecting the Society's argument, SHHD claimed that pharmacists did not have the time to devote to counselling.

The Scottish Executive has decided it might well dispute this, especially if training for counselling was to be provided by the Post-Qualification Education Board.

Computer counselling

A computer-based patient counselling system designed for pharmacists to use when responding to symptoms of minor illness is to be tested in a year long trial by 20 community pharmacists around Britain, including one branch of Boots.

The computer software has been developed by Channel Business Systems in conjunction with pharmacists Roger King and Clive Edwards and GP Dr Paul Stillman. It is being loaned to pharmacists for the trial which is being co-ordinated by PhD student Rebecca Boakes who is studying at Aston University in Birmingham. The trial forms part of Miss Boakes' research for her doctorate. Channel say they are interested in the feedback from the trial to help develop the computer package.

The software consists of three sections. The first is a series of prompts and questions with answers which relate to nine

Society 'furious' with AHDA

The Royal Pharmaceutical Society has issued a Press release saying that pharmacists are furious at the Animal Health Distributors Association's decision "to consign an agreement reached after two years of discussion to the waste paper basket" (C&D November 4, p729).

The release, sent to agricultural journals and the agricultural correspondents of national newspapers, explains that after several meetings the two organisations had agreed to a voluntary code of practice under which a pharmacist would be available to a merchant for a given number of hours a week to supervise and advise on the storage, use and supply of Merchant's List medicines. The code was to be reviewed in 1993, but AHDA's council has now decided not to enter into such an agreement.

The Society's assistant secretary Bruce Rhodes is quoted as saying he finds it "staggering" that AHDA made this decision at such a late stage, knowing that it went against the trend in Europe and would endanger the future of the Merchant's List. Similar points were to be made to the

Society's Colchester Branch on Tuesday by Council member Nick Wood.

The Society's Council is to seek a meeting with European Commission officials to put the Society's view of the value of pharmaceutical involvement in animal medicine distribution.

Premises fees up next year

From January 1, 1990, the fee to register a retail pharmacy business with the Royal Pharmaceutical Society goes up to £97 (£49 for Northern Ireland with the PSNI). The retention fee is to go up to £62 (£44) and the penalty for non-payment will be £200 (£140). The changes are made by *SI 1989 no. 1985 The Medicines (Pharmacies) Applications for Registration and Fees Amendment Regulations 1989*.



A Danish medical trade delegation recently visited Unichem's Chessington branch to see how they operated. The Danish study team are examining all aspects of pharmaceutical wholesaling and manufacturing in Europe and the USA. Pictured above the members of the delegation with Unichem chief executive, Peter Dodd (far right) and Jeff Harris, Unichem's finance director (standing on the left)

disease areas: headache, colds, coughs, allergic rhinitis, diarrhoea, vomiting, constipation, abdominal pain and indigestion. This section of the software has been written so that pharmacists can work through a series of questions put to a patient to arrive at a suggested course of action. The program is designed so a pharmacist can sit in front of a computer terminal with his or her patient.

The other two sections of the software cover patient medication records and drug interactions.

The drug interactions programme has been developed by Exeter Database Systems. It alerts pharmacists to four levels of interaction, ranging from possible interactions which a patient should be warned of, to life threatening combinations which should be referred back to the prescriber before going any further.

The patient medication records section of the software has provision for keeping track of patients' blood pressure results, for example, as well as the usual basic personal and medical details and information on prescriptions dispensed.

Rebecca Boakes told C&D

she hopes to find out what pharmacists think of the software package and how they actually use it in their pharmacies and whether the amount of patient counselling they do increases as a result of using the system. Miss Boakes also hopes to discover what

patients think of the computer system by interviewing people who come into the pharmacies involved in the trial. And she hopes to find out whether the number of drug interactions picked up is affected by using the software package.

Self limiting liability

There is no doubt that the size and number of professional liability claims are on the increase according to NPA director, Tim Astill.

Commenting on a report on professional liability, published by the Department of Trade and Industry, Mr Astill goes on to reassure members that the Chemist's Mutual Insurance Company can continue to provide cover at affordable rates.

The DTI report is based on a study by three teams looking at the claims made on auditors, architects and surveyors. It concludes that the only obvious solution to prevent insurance costs spiralling out of control is to have legislation to limit damages.

The report suggests that the man in the street should be well protected for personal injury and death, but is concerned that professional people can be made bankrupt by limited companies, which are protected by their limited liability.

Mr Astill sees settlements up to seven figures for personal liability, as drugs become more toxic. "The problem is," Mr Astill says, "that insurance cover must remain affordable, otherwise the professional will find that he is no longer able to practise. It would seem that in the future it will be necessary to cap insurance claims so that any professional would only be liable up to the maximum determined."

Pharmacist jailed for forging scripts

A pharmacist from Peterborough is serving a nine month prison sentence for forging prescriptions. Sentence was passed on Shenaz Punjani, who had pharmacies in March, Spalding and Holbeach, at Peterborough Crown Court on October 20.

Ms Punjani admitted eight charges of forging prescriptions at her pharmacy in Dartford Road, March, so she could claim between £10,000 and £30,000 in rebates from the NHS.

Michael Pert prosecuting told how she altered the dosage of

tablets, added drugs to prescriptions and ticked the £2.60 fee exemption box on the backs of scripts, to claim extra money.

Mr Pert said "This particular pharmacy was submitting claims way in excess of the county average". Ms Punjani was finally caught in July 1987.

Ernie Money, counsel for the defence, said "she is completely ruined as far as her profession is concerned. By what she had done she had largely ruined her life".

Ms Punjani came to Britain from Uganda in 1972 with her family. They set up a company

called Opalrise of which she was a director with a 25 per cent stake. They have pharmacies in March, Holbeach and Spalding.

Mr Money told the court "She had an elderly motor car and no expensive clothes or holidays." Money she was taking was going back into the company to make it a bigger success."

Judge Michael Astill was bombarded with letters of support for Ms Punjani from the Ishmael community in Peterborough, from hospitals in Berkshire — where she since moved — and from patients.

Fat not the only heart risk

In assessing the risk factors for coronary heart disease, we should not become "hypnotised" by blood cholesterol measurements, Professor Gerry Shaper, a clinical epidemiologist from the Royal Free Hospital told last week's Guild Of Hospital Pharmacists symposium on Cardiology.

Blood cholesterol measurements do have a positive relationship with heart disease but, he said, for the "average middle aged man in the street" with a blood level of around 6.2 mmol/L that carries a two fold risk of coronary heart disease, and on its own was a limited factor in identifying risk.

Professor Shaper outlined a scoring system to identify men who were most likely to have a heart attack in the five years after screening. Based on data from the British Regional Heart Study which monitored some 8,000 middle aged men from 24 towns, the score does not include a blood cholesterol measurement or an electrocardiogram.

Factors such as systolic blood pressure, body mass index, age, smoking, diabetes and parental death from "heart trouble" could be combined to provide a model that would identify those at risk and in whom more than 50 per cent of heart attacks would occur, he said. Professor Shaper told *C&D* that he was against widespread pharmacy cholesterol testing because it was "unnecessary and frightening".

The relationship between coronary artery disease and cholesterol really only holds for men, said Professor Poole-Wilson from the National Heart and Lung Institute.

The professor warned of the danger of complications if cholesterol is too low. Improving diet and lifestyle was a message the medical profession needed to get across, he said.

Ethical matters

The ethics of offering blood cholesterol screening alongside shelves of dietary supplements that could be recommended to help reduce high cholesterol levels were questioned in ITV's "This Week" programme last Thursday (November 9).

The programme suggested the reason outlets such as Holland & Barrett offered cholesterol tests was to help sell health foods. Pharmacies were also briefly mentioned as offering tests.

Holland & Barrett's marketing director Chris Duncan told *C&D* that less than 5 per cent of people who had their cholesterol test done in one of the company's stores went on to buy dietary products such as bran.

The most important thing, said Mr Duncan, is that people are made aware of their cholesterol

level because experience in the United States shows it can save lives, by identifying those with high levels.

The Pharmaceutical Services Negotiating Committee's Mike King told *C&D* he thought it was unfortunate pharmacy cholesterol testing was getting lumped in with health food stores.

Pharmacists involved in the PSNC cholesterol screening trial give dietary advice but are not advised to sell health foods, Mr King said. And we have not taken sponsorship from drug companies marketing cholesterol-lowering agents, he added.

Merck Sharp & Dohme, who market Zocor, and E.R. Squibb, who are developing pravastatin, were criticised by the programme for promoting their cholesterol-lowering drugs, which could end up costing the National Health Service huge sums of money, when dietary methods of lowering blood cholesterol received relatively little financial support.

Both companies told *C&D* they fully supported dietary methods as a first line treatment of raised cholesterol levels.

'Moaning minnies' in pain

Over four out of five people (83 per cent) suffer from headaches and almost the same number (80 per cent) suffer from aches and pains related to colds and flu.

A Gallup survey of over 500 men and women, commissioned by the Nurofen Pain Relief Project, found that headaches and back pain were the most frequent pains experienced. One in five suffered from headaches at least once a week and one in four suffered from regular back pain. Nearly half the people questioned thought their work suffered as a result and, on average, men took nearly twice as many days off work due to pain than women.

Almost three out of four

soldiered on regardless, with just over half describing themselves as silent sufferers and a further one in five saying they were "true Brits with a stiff upper lip."

A quarter of women claimed their partners were "moaning minnies" when in pain, but only 14 per cent of men agreed; 15 per cent of men thought their wives made endless complaints.

The Nurofen Pain Relief Project, launched this week, aims to increase awareness among medical professionals, carers, researchers and the general public of pain relief as important in maintaining the quality of life. It will fund educational material, surveys and research.

Royal jelly claims and costs under attack

Claims that sufferers from rheumatism, psoriasis, cancer and other ailments could benefit from taking royal jelly were attacked on the BBC's Watchdog programme this week. It was also suggested that both the claims and high prices charged could put pressure on patients and carers.

The programme pointed to a wide pricing spread for a month's supply from £1.24 for the cheapest, Best Royal Jelly from Natural Herbal Research, to £12.95 for the most expensive, Regina Royal Jelly, and claimed that whatever the origin of the product "royal jelly was royal jelly".

Reginal Royal Jelly's Irene Stein said on the programme that royal jelly seemed to her to work on the immune system, the nervous system and the blood circulatory system. Watchdog referred to her book which is said to list 46 different ailments that royal jelly could help to treat.

Presenter Sue Bishop suggested to Mrs Stein that anyone with AIDS or cancer reading her book would quite easily believe that royal jelly could help cure them. "I hope they do," replied Mrs Stein.

Professor of Nutrition at St Bartholomews Hospital, John Garrow said that before such claims were made proper placebo trials had to be done to verify them. Mrs Stein said that up to now her company had not been in a financial position to do so but was now planning to do its own studies.

Watchdog highlighted the claims made in a recent national Press campaign for royal jelly (including *Radio Times* ads) from Natural Herbal Research that it benefitted arthritis, PMT, acne, headache, stress, tiredness, sore eyes and varicose veins. For the company Rob Hughes said it was not claiming that royal jelly was a cure-all but that it assisted with ailments such as arthritis, rheumatism and psoriasis.

According to Watchdog the Committee of Advertising Practice says: "We have asked the advertisers, Natural Herbal Research, for evidence to support the claims made in their ads. So far we have not seen any adequate substantiation."

□ Regina Royal Jelly are to add 15 free capsules to each pack of 30 from January 1990.

NPA multiples meet

Twenty four of the larger, multiple members of the National Pharmaceutical Association met in London last week for wide ranging discussions.

Topics covered included the future of NHS remuneration, pharmaceutical manpower, management training, legal status of locums, NPA services, the NPA's advertising and PR programme, and other aspects of policy into the next decade.

The meeting was planned in July, and according to NPA director Tim Astill is likely to become a regular event. Senior NPA staff and 17 Board members also attended.

Speaking after the meeting, NPA chairman Roy Jones said it was an interesting and useful exercise. "There is at present no multiple representation on the Board, and we naturally wish to take account of all shades of opinion in formulating policy and services," he said. "There is very little apparent difference between the needs of, and the problems faced by, our larger and smaller members."

Glibenclamide batch recall

Evans Medical say they have received one report of 100-tablet packs of Evans glibenclamide 5mg, batch number E93218A, containing one or two oversized tablets. The company says such tablets contain 6.8mg of glibenclamide instead of 5mg.

Pharmacists are asked to check their stocks and return any packs found to contain oversized tablets to their wholesaler for full credit.

Price service

The correct trade price for Kest tablets 50's (PIP code 429-639) should read 70p and not as shown in the November 18 supplement. The correct price structure will appear in the November 25 supplement. Torbet Laboratories apologise for any inconvenience caused to their customers.

In 1988, 77.5 per cent of prescriptions dispensed by pharmacies were dispensed free of charge. This compares with 60.9 per cent in 1979. In England in 1988, 371 million scripts dispensed compared to 321 million in 1979.

TOPICAL REFLECTIONS

by Xrayser

Unlawful selling?

The other day when I was visiting my dentist for a check-up, I saw, to my surprise, a display of Fluorigard products on the reception desk obviously intended for sale. Now, all Fluorigard products are "P", which means they may only be sold from a registered pharmacy unless that sale is "by a dentist to a patient of his". As I understand the present regulations, since there is no patient registration, they are only under his care during a course of treatment and, when that course is finished, they are no longer 'a patient of the dentist' and the sale of such a product would be illegal.

I have always considered that the sale of all medicines should be under the supervision of a pharmacist and I fail to see why dentists should sell medicines contrary to accepted professional practice and in this particular case, apparently, contrary to the law.

War cry?

As the last red petal flutters gently to the ground and the last strident notes of the bugle die in the cold November air I wonder whether we do remember? The war to end all wars failed as surely as the present dispensing arrangement in rural areas have failed.

The melancholy of memory should be lightened by the resolve to learn by our past, but, as in military war, the two professions of medicine and pharmacy seem as intrasigent as the generals of yesteryear. I observe with increasing incredulity and dismay the public war now being conducted between two professions whose stated aims are service to the community.

The Clothier compromise was



supposed to herald a new era in inter-professional relationship but, with increasing medical militancy, the reality is that battle has been renewed with undiminished ferocity and that there is no apparent hope for an armistice. I think it is about time the PSNC and the General Medical Services Committee return to the conference table to sort out the mess: once and for all.

Sales patter

I had a phone call the other night at 9.40pm, just as I was beginning to relax after supper. It had been a hard day at the shop. The young lady on the other end of the telephone, without a please or thank you, asked whether I might like to answer a few questions about my new car. It will only take about half an hour, she said. I guardedly inquired what interest it was to her and was informed, rather beligerently, that she was conducting market research on behalf of the manufacturer. Normally an equable chap, I lost my cool and suggested that not only was the time inconvenient but that no other time would be convenient either — or words to that effect!

This phone call was the proverbial "straw", because in the shop I have been receiving phone calls from so-called tele sales girls trying to sell me everything from investment advice to salmon oil food supplements. These girls are invariably strong willed, beligerent and won't-take-no-for-an-answer types. When I say "no", they then question the logic of my decisions.

These calls are unwanted, unsolicited and, in a busy shop, highly unwelcome. If a company has a good product then they should have the courage of their own convictions and sell to me on merit, via a representative, face to face. That is the way I have always traded and I don't intend changing now!

Raised profile for home service

The news that Boots the Chemists had made a play for a significant slice of residential homes business by offering the Manrex monitored dosage system has led to a reappraisal of the service being offered by community pharmacists. C&D reports

Controlled dosage systems of one form or another seem set to be part of the basic pharmaceutical service to residential homes in the future, whether pharmacists like it or not. At the very least, Boots have raised the question of quality of service, and the likely uptake of the new systems suggests the company simply tried to exploit a perceived need ahead of the rest of the profession.

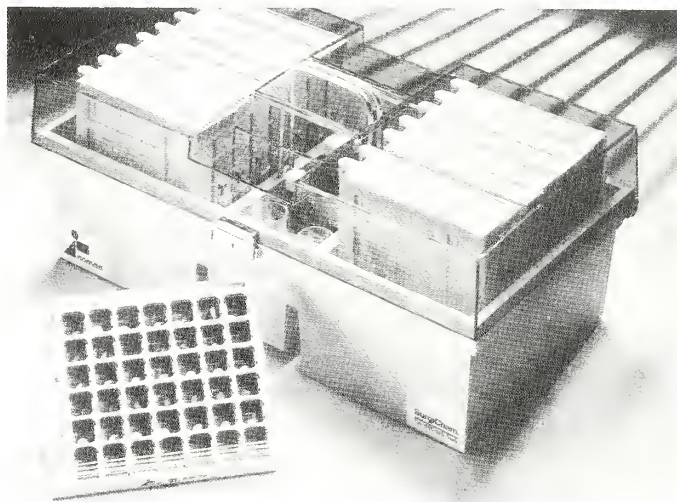
The debate has moved on from last month's "them and us" controversy, started after *C&D* revealed that Boots had approached directors of social services direct offering to provide services to their residential homes based on the Manrex system, which was to be provided free of charge. Several trials were said to be in preparation and in one county, Cheshire, a social services spokesman said that if an eight home trial was successful, they would look to extend the services throughout the county.

The Council has since changed its mind. All systems and all potential service providers will be investigated before final decisions are taken.

The National Pharmaceutical Association, inundated with phone calls when *C&D* broke the news of Boots' action, has started trials in member pharmacies on the systems available. The NPA says it will not be recommending a particular system to members or negotiating a discount until its benefits are proven in practice.

Last week saw the latest ramifications of Boots' action with condemnation by the Royal Pharmaceutical Society's Council, which objected to Boots' direct approach to social services. Council has written to social services directors asking them to recognise the benefits of local provision of services and to ensure that all pharmacies should be treated equally when services are up for grabs.

There seems little doubt that controlled dosage systems simplify the administration of medicines in residential homes. Peter Rivers, principal pharmacist with South Derbyshire Health Authority, has been investigating the administration of drugs in residential care since 1981. He



Surichem's Nomad

has seen the introduction by social services of the Manrex monitored dosage system into over 20 homes in Derbyshire, with the full co-operation of community pharmacists. "Ultimately, we are helping the home staff by providing them with a safe medication system, which is much less time-consuming than the direct administration methods they are using. You have to remember that these people are often single handed and have no formal training in medicines."

Mr Rivers says the other main benefit of the monitored dosage approach is that medicine administration is recorded, a procedure often neglected with traditional methods. The new systems also minimise handling of medicines by staff and cut down on wastage because better stock control is built in.

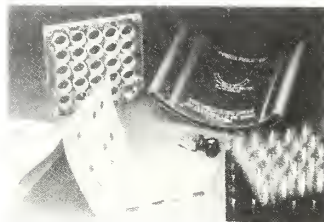
Mr Rivers accepts there is extra work involved for pharmacists. But he says with 28-day dosage packs, the GPs serving the homes have quite willingly standardised scripts to 28 days, so pharmacists do get a script every month. "We wouldn't be asking pharmacists to do it if they were going to lose money," Mr Rivers says, although he adds that the financial aspect should not be the only consideration.

"The pharmacist, by definition, has a much greater control over the medication used

and that means he exercises the sort of participation in a residential home envisaged by Nuffield and the White Paper," he says. "These systems do bring the two parties together."

Mr Rivers thinks pharmacists should not necessarily accept that they will always bear the brunt of any capital charges involved in setting a system up. "Social services departments act on their own initiative and some may decide to contribute towards the cost, and so may some private homes."

"However, pharmacists who are now servicing residential homes have the constant worry that the medicines they have delivered are administered by untrained care assistants. From the homes' point of view, these systems can provide an accurate and controlled way of administering drugs.



Baxa's Medidose

Norman Niven dismisses the argument that the systems are excessively time-consuming. "Yes, the setting up is going to take longer than dispensing for a month at a time and when you start it does seem a very long process because you are feeling your way along, but I have been using my type of system for three years and it now takes me only seconds longer than ordinary dispensing."

The manipulations involved have raised questions of fees for this type of work. Pharmaceutical Services Negotiating Committee secretary Steve Axon rules out any possibility. "The Department of Health on the record said quite categorically that it would not pay for them," he told *C&D*.

Much remains to be answered. PSNC's advice has been to sign up residential homes in relation to providing advice and medicines and to offer to match any service being touted by any other party. In the current climate, if home staff do not already know that their medicine rounds could potentially be made a lot simpler by these new systems, they soon will.

The NPA has asked the Law Department of the Royal Pharmaceutical Society to look into the legal aspects of supply in these new dosage systems, particularly questions of putting different products in the same blister/compartment, and of the labelling requirements. With so much at stake, answers to these questions are urgently required.

With all the debate over dosage systems, the NPA, among others, has been quick to point out that home residents are entitled to a full pharmaceutical service, and the Department of Health has made it clear that the service must be provided personally by a pharmacist who had completed the training package. This must leave independents in a strong position. Those who are already providing a full service will, no doubt, by now know exactly where they stand.



This winter your customers will open wide for Strepsils.



COUNTERPOINTS

More Max

Max Factor have announced details of three new ranges for 1990 — reflective lip and nail colours, invisible make-up and 2000 calorie mascara.

All products will be supported by a £2m advertising campaign in the Women's Press.

The reflectives colour range comprises three matching lip and nail colours which are said to reflect and refract light adapting to "a myriad of different shades and colours".

The shades comprise coral, pink and gold and are available in Max Factor's moisture rich lipstick (£2.75) and in the nail enamel (£2.25).

Co-ordinating shades for lips and cheeks have been introduced to complement reflectives, with eye shadow duos in lilac, gold and beechnut (£2.59) and blusher in cassis, peach champagne and rich gold (£2.75). They will be available from mid-February.

Available from June, is invisible make-up (£4.25), which is described as a "revolutionary new approach to face make-up."

The make-up is said to offer a colourless semi-matt finish masking minor imperfections while avoiding a "mask-like finish".

It has silk proteins to moisturise and a sunscreen (SPF6). The product is suitable for all skins and is fragrance free.

2000 calorie mascara is water resistant, fragrance free, fibre free, smudge proof and has not been tested on animals.

It works by building up the lashes and contains protein and keratin for condition.

The mascara can be used by contact lense wearers and comes in four shades — black, barley black, mahogany and midnight. It will retail at £3.25 and will be available from April. *Max Factor Ltd. Tel: 0202 524141.*

Clinomyn Smokers Toothpaste is getting new full colour advertising from this week until Christmas in women's magazines, including *Woman's Own*, *Woman's Realm*, *Living*, *Family Circle*, *Annabel*, *Woman and Home*, *Cosmopolitan* and *Argus Romance* titles. *DeWitt International Ltd. Tel: 01-441 9310.*



Ketsugo cares for oily skin textures

Ketsugo is a new concept in skin care which is said to be particularly suitable for oily skin.

It contains isolutrol, an ingredient of shark bile which was discovered in Japan by Professor Kosuge, a world expert in natural products chemistry.

Unlike other OTC products which merely cleanse oily skins, Ketsugo is said to modify the action of the sebaceous glands and normalise sebum production; its exact mechanism is unclear.

Trials in France on 40 men and women showed that severe oiliness of facial skin returned to normal within 21 days in 65 per cent of individuals. All individuals who were tested in the trials reported an improvement in skin texture.

The product has also been tested for toxicity, allergenicity and sensitivity, on human volunteers only.

Ketsugo is formulated and packaged in France by SFBF, a leading manufacturer of natural products, and is being marketed in the UK by Countercall.

It is being marketed as a cosmetic and is not licensed as an acne treatment.

Formulated as an

"ecologically safe" pump spray (£7.50), Ketsugo comes in a counter pack of six.

It should be sprayed on clean skin and left to dry, twice daily for up to three weeks, and is suitable for use under make-up. The product is described as non-drying, and can be used on combination skins, says the company.

Countercall are now selling in to pharmacy wholesalers, the major multiples and some department stores such as Harrods.

On January 1, 1990, the sales force will present the product to independent pharmacies with special trade offers.

The product will not be available through drugstores or grocery outlets. POS material includes showcards, shelf strips and consumer leaflets.

Consumer advertising will take place between February-June next year and will use *Cosmopolitan*, *Company*, *Looks*, *Elle*, *19* and *Black Beauty*, and there will also be public relations activity. A radio campaign is planned for later next year. *Countercall Ltd. Tel: 021 356 0478.*

Maxi moves into 1990

The Maxi range has been supplemented with four new products for 1990.

Some colour mascara, one coat nail enamel, soft eye shadow pencils and nail thick nail enamel will be supported by a £1m advertising campaign.

Some colour mascara (£1.99), is described as a conditioning mascara with a hint of colour.

The lightly tinted gel formula is fragrance free and contains added proteins for condition, says the company. It comes in black, brown and blue, and will be available from mid-April.

One coat nail enamel (£1.79) is said to dry in seconds and is thick enough to require only one application. It comes in rosebud, fruit punch, fuschia fantasy, magenta and pink orchid, and will be available from mid-June.

Soft eyeshadow pencils come in six shades (£2.39) and are said to be a convenient way of applying soft powder eye shadow.

Nail thick (£1.99) is said to help to strengthen the nails and provides a shield for weak nails.

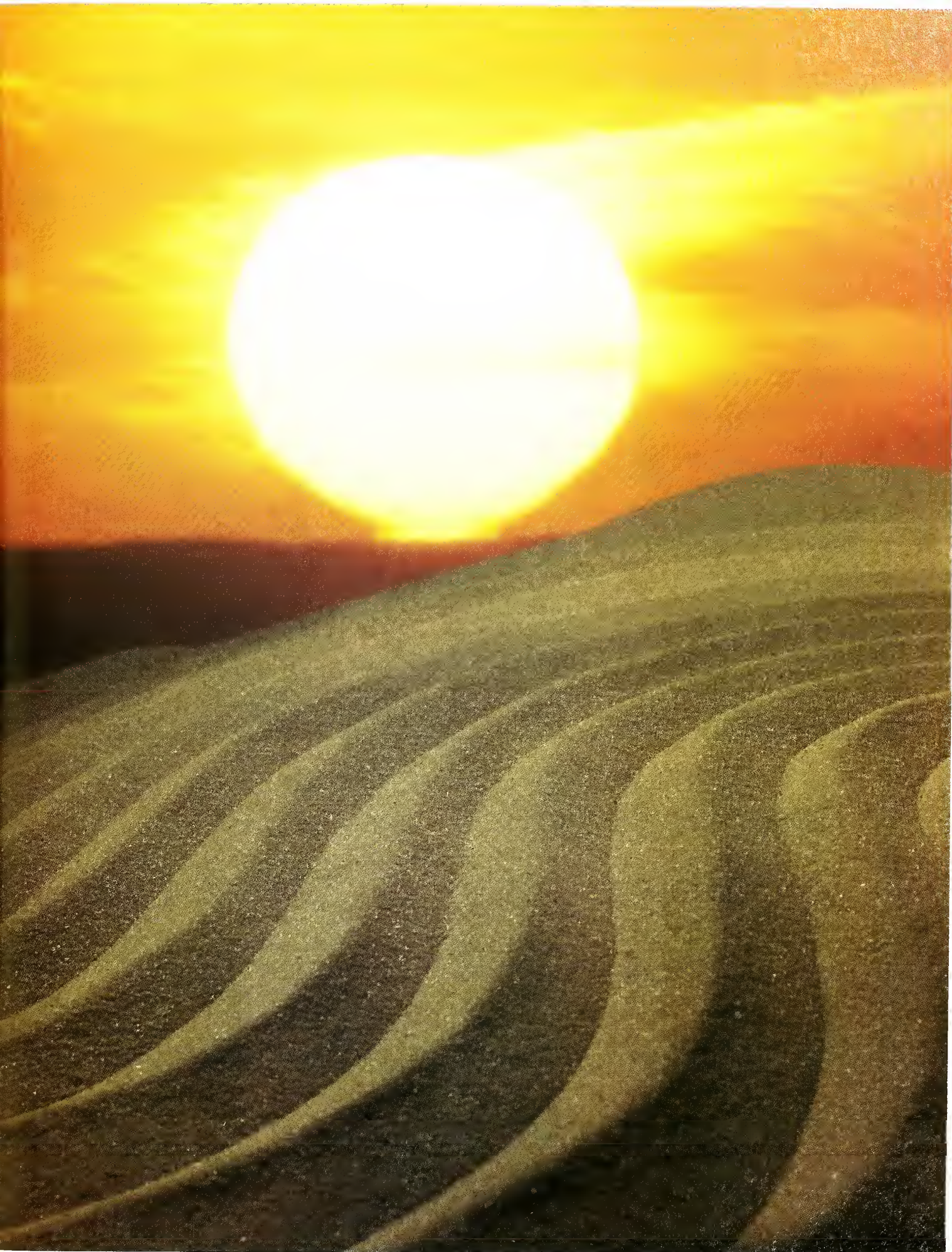
It can be used on its own or as a base coat, says the company. It will be available from May. *Max Factor Ltd. Tel: 0202 524141.*

Vantage brush up

AAH Pharmaceuticals have added an oval loofah bath pad and a blusher brush to their own-label beauty accessories selection.

The Vantage loofah comes in outers of 12 (£11.52 trade) retailing at £1.50 each. The blusher brush (£0.79) is sold in outers of 12 (£6 trade). *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

Colors de Benetton for men has been awarded best packaging creation for 1989 by the IFEC (French Institute for Packaging Promotion), for the third successive year. *Maurice Douek Ltd. Tel: 01-328 1036.*



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IN 1990 THE NOLI BRAND IN SUN PREPARATIONS LAUNCHES THE NEW ADVANCED PROTECTION SYSTEM. WE'LL ALSO BE OFFERING YOU THE BEST DEAL UNDER THE SUN. DON'T STOCK ANYTHING UNTIL YOU'VE TAKEN STOCK OF AMBRE SOLAIRE.

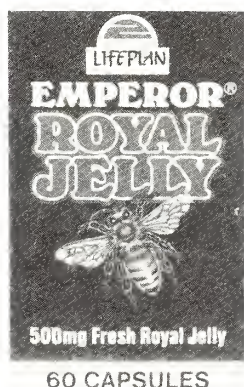
Added Life

Lifepan Products have added Emperor royal jelly to their range of supplements.

The capsules contain 500mg of fresh royal jelly from China which has not been chemically processed or freeze dried, says the company. The capsules contain no added starch, salt, lactose, gluten, yeast, synthetic flavours, colours or preservatives.

They are packaged in tamper evident containers. These cartons, as well as looking distinctive, are said to be easy to store so maximising shelf space.

Retail prices range from £11.25 for 60 capsules to £5.95 for 30 capsules offering the retailer a 40 per cent profit on return. *Lifepan Products Ltd. Tel: 04555 56281.*



Winter cotton promotion

Vantage are running a winter discount promotion on own-label cotton toiletries product range until December 22.

It features two discount offers. There is 20 per cent off on purchases of six trade outers of any combination of the Vantage cotton toiletries promotional products. In addition, Vantage is offering a 15 per cent reduction on purchases of four trade outers of the promotional items.

Six own-label items are featured in the cotton promotion: cleansing puffs — white 100s x 24; cleansing puffs — coloured 100s x 24; handy pleats 65g x 12; economy pleats 200s x 30, make-up remover pads 100s x 30; cotton wool squares 50s x 24. *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

More Regina

From the beginning of next year, Regina royal jelly are adding 50 per cent extra to a month's supply of Regina royal jelly capsules, for the normal price of £12.95. *Regina Royal Jelly. Tel: 01-207 7020.*

Analgesics market makes slow progress

Between 1984 and 1988, the UK market for analgesics grew by 41 per cent at current prices. Despite the undoubted impact of the Limited List, a new international report from Euromonitor predicts a slowing rate of growth into the 1990s and a return to maturity and brand share competition.

"Analgesics: the International Market" comments that increasing segmentation by ailment will provide niche market opportunities. The report cites the rise of period pain relief brand such as Librofem. Perhaps mindful of Nurofen's dominance, these other ibuprofen-based brands have been targeted at a specific ailment, says the report.

Ibuprofen-based analgesics now account for 12 per cent of the market by value. Paracetamol has increased its share to 58 per cent while aspirin has dropped to 30 per cent.

The leading OTC brand is Anadin with 17 per cent by value, split between Anadin Regular (10 per cent) and Anadin Extra (7 per cent). Nurofen and Solpadeine with 8 per cent and 7 per cent,

respectively.

Distribution of analgesics is dominated by pharmacy, with Boots accounting for 30 per cent of the market by value and other chemists taking 42 per cent. Of this 42 per cent, independents account for 32 per cent, with multiples at 10 per cent.

By 1993, Euromonitor predicts the UK analgesics market will be worth £128m, a 5.8 per cent real growth over the 1989 value of £121m.

The report also considers US, France, West Germany and Italy. In nominal terms, sales of analgesics have performed well in the US and Italy. Expanding by 40 per cent 35 per cent respectively between 1983 and 1988. Growth in France has been less marked with value sales increasing by 11 per cent over the same period. Sales in West Germany, however, have remained more or less static after peaking in 1985, says Euromonitor. In Italy, the market for OTC analgesics is in decline. *Analgesics: the International Market. £975 from Euromonitor. Tel: 01-251 8024.*



Convenience in a tin now comes from Farley's

Farley's babymilks are being packaged in tins rather than cartons. Research has shown that mothers and health professionals believe tins to be a more convenient and hygienic form of packaging, say Crookes Healthcare.

All tins have safety beading to ensure smooth edges when the tin

is opened, and also included is an improved scoop design with a longer handle. The new packaging retains the current graphics.

Farley's babymilks are enjoying a boom year, according to the company. The range relaunch is "paying off handsomely" leading to a record 61 per cent growth year on year in pharmacies.

The introduction of Farley's Junior Milk has contributed significantly to the success and latest figures show it now dominates the follow-on milks market less than six months after its launch.

Product manager Claire Uglow believes this market will be worth £2 million by the end of this fiscal year. Meanwhile, Farley's are sponsoring a local "preparations for parenthood" roadshow this Tuesday. They have joined with Bromsgrove and Redditch Health Authorities Continuing Nurse and Health Promotion Department to hold a parent education roadshow.

The roadshow aims to offer advice to parents and would be parents on making the choice to have a family with information on pregnancy, birth and the early years of childhood.

A diverse selection of leaflets will be on display at the roadshow, ranging from dental health to chiropody, say *Crookes Healthcare Ltd. Tel: 0602 507431.*

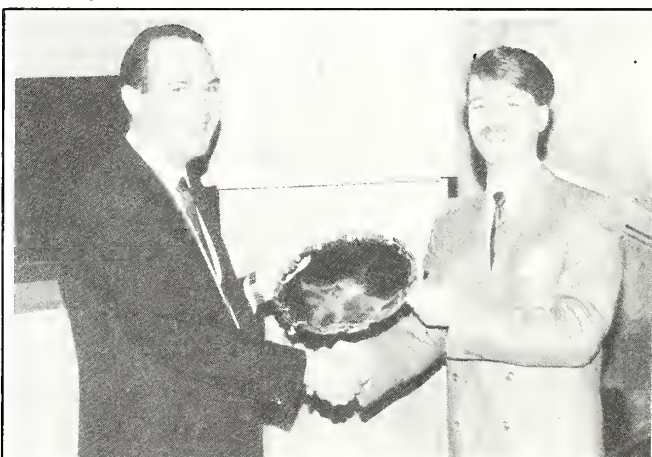
Vote of confidence from women

One in three women seek advice on medication from their local pharmacist and more than one in four seek advice on vitamin and mineral supplements, according to a survey published this week.

It was carried out by Booker Nutritional Products and *Woman's Realm* magazine.

Approximately 10,000 questionnaires were returned by the readers of *Woman's Realm* in response to the survey on health and the results were a clear vote of confidence for the pharmacist. 82 per cent of respondents took vitamin or mineral supplements — 43 per cent on a regular basis.

Multivitamins still account for 58 per cent of the purchases with B complex and vitamin C 38 per cent and 26 per cent respectively.



Dr Steve Mann (L), director of medical affairs at Merck Sharp & Dohme, presents the MSD award for clinical pharmacy research to Darrell Baker, teacher-practitioner at University Hospital of Wales

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And Mums particularly liked the fast-mixing granular form.

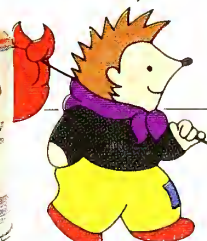
That research has given Robinsons the con-

fidence to put heavy marketing money behind the new drinks with advertising in specialist magazines and on Television.

This new range has all the ingredients for new, sustained profit opportunities...pre-tested acceptance, unique flavour combinations...and Robinsons quality for repeat purchase.

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ROBINSONS NEW FRUIT AND HERB FLAVOUR BABY DRINKS. THE TASTE OF SUCCESS!

Selling more to men

With the male toiletry market growing by 38 per cent and worth £325m in the year ending June 89, Shulton's marketing manager Mike McGuire believes there is a challenge to retailers and manufacturers alike, to find new ways of selling to men.

Shulton's 1989 Manpower report presents a bullish picture of toiletries for men. It challenges manufacturers to find new products, retailers to devise new ways of selling them, as more men make purchases for themselves — and the media to find new ways to talk to him.

Research by Syndicated Data Consultants, Taylor Nelson and David Young Associates indicate that the 1990's Man for toiletries will be of any age from 17 to over 65 — usage by men over 65 saw growth of nearly 20 per cent last year. The heavy user is more likely to be between 17-34. He will use a wider range of products, look for new products and move upmarket for special occasions and evening wear, say the researchers.

The man that matters is

increasingly interested in buying for himself, Shulton say. Men are no longer content to use products purchased by their wives. They have become increasingly interested in buying and using a wide range of cosmetics. Toiletries used by men are not confined to those targeted at men. They use hairsprays, gels, shampoos and talc aimed at the female market.

17-34 Year Olds Are More Likely Than Others to be Heavy Users

Age	All men %	Heavy users %	% each age group who are heavy users
11-16	12	9	22%
17-24	17	21	36%
25-34	19	21	33%
35-44	21	19	27%
45-64	31	30	29%

October 1988-March 1989

Source: Taylor Nelson Personal Care Panel

David Young's Geraldine Moll reports: "The usage of female products available in the bathroom represents the largest unrecorded crime in the UK. Cleansers and moisturisers are part of many a young man's routine, but are not rejected by a growing number of older men."

The heavy user, as defined by

Taylor Nelson, use four or more products 40 or more times each fortnight. This 30 per cent of all men account for half the usage of male toiletries and are more likely to use fragrances, talc, hair styling aids and shower products. While 17-34 year olds are the most likely heavy users almost a third are over 45, illustrating the level of interest that exists among older men. Heavy users are just as likely as other men to come from all social grades, Taylor Nelson report.

Male fragrance is the largest part of the men's market, growing by 16 per cent year on year," says Imogen Matthews, for SDC. "The plethora of new fine fragrance brands has resulted in a lot of brand switching, with 36 per cent of the sales moving to a different or new brand. Mass fragrances show a similar trend but this sector is more loyal.

Growth is maintained by attracting new buyers whilst maintaining existing ones. Loyalty will become a key issue as the fast growth is currently coming from 'experimentation' and the trick will be to convert these men into loyal users," Ms Matthews said.

Distribution has remained similar over the last five years with chemists, including Boots, holding just under half the share.

Men's Ranges: Company brand share trends

	£236m %	£274m %	£325m +15% %
Total Shulton	19	19	18
Aramis	11	10	8
Elida	7	7	8
YSL	4	5	8
Brut	9	8	6
Boots	3	3	4
All Others	47	48	48
Year Ending June	1987	1988	1989

Source: SDC

Department stores have shown longer term growth due to sales of premium brands. Grocers have become more important particularly in the sales of deodorants, talc and shaving products, say SDC.

Shulton is still number one company amongst men's ranges and the gap has widened between its nearest competitor, Aramis. The fastest growth, however, has come from Yves Saint Laurent with Kouros and the new Jazz. Both Elida and Boots are increasing share thanks to new product activity. Brut, once a close contender to the Shulton brands, slipped back to fifth position.

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A rosy future for pharmacies

Pharmacies may well see a resurgence of their trading position in the High Street following several years of having their business taken away by drugstore and grocery outlets, according to the latest Mintel report on personal care and health care products.

Mintel notes that there is a return to neighbourhood parade shopping particularly when stores open for longer hours, which, when coupled with pharmacies' ability to give free, informed advice, could help them regain their strength in High Street and neighbourhood shopping areas. The move back to local shopping could be reinforced by the growing elderly population which may prefer conveniently located shops offering personal service.

Combined sales of personal care (toiletries and cosmetics) and health care (OTC medicines and 'remedies') products are estimated to have been worth £3.8 billion in 1988, an 11 per cent increase on the previous year.

Sales of personal care products continue to grow ahead of inflation while health care products' overall rate of growth has been slower and more inconsistent.

Mintel looks at the two markets separately from the point of view of consumers, retailers and suppliers using research done among the trade in July this year and a nationally representative sample of 885 housewives interviewed in June.

In 1988 UK consumers spent some £3.22 billion on toiletries and perfumery goods, 10 per cent more than the previous year and Mintel predicts that will rise to £3.6 billion by the end of this year.

Key influences on the market have been environmental, demographic and strategic. Environmental issues have pressured manufacturers to launch products that do less harm to our world notably by removing CFCs from aerosols. But there could be a backlash according to one grocery multiple which said that consumers will not want a product which is ineffective just because it is environmentally friendly: "Products launched purely on an environmental platform will die".

Changes in the demographic profile of the population, particularly the growing numbers of older consumers have opened up market segments for products such as those sold on an "anti-

ageing" platform. And manufacturers have begun to spread strong brand names across varied products, for example Elida Gibbs have used the Timotei name on a skin care range.

Hair care products with projected retail sales of £615m for this year continues to be the largest sector by value in the personal care market. Between 1985 and 1989 bath and shower products have doubled their share of the market to around 6 per cent.

In 1989 retail sales of skin care products are projected to be worth £393m, men's toiletries £398m, fragrances £457m and depilatories £18m all have shown substantial sales growth since 1985.

In the £581m OTC pharmaceuticals market sales continue to grow slowly with annual increases since 1983 of some 8 per cent. Volume in particular shows minimal dynamism, says Mintel. Pharmaceutical suppliers are said to anticipate major product activity coming from movements from Prescription Only to Pharmacy Only status. Such products are expected to expand the market rather than take share from existing brands.

Analgesics continue to dominate with £129m worth expected to be bought this year.

The next biggest sector by value is vitamins (£77m this year) followed by sore throat (£66m) cough (£53m) and cold (£46m) remedies.

As far as outlet shares go, Boots continue to dominate. A third of toiletries and cosmetics are sold through Boots with other pharmacies adding another 10 per cent of sales value. Grocery outlets account for just over 20 per cent of sales. For medicines, however, the picture is better for pharmacies other than Boots which sell almost 40 per cent compared with 32 per cent through Boots. Grocery takes a 16 per cent share and drugstores 8 per cent.

Despite enjoying the greatest gains in sales of all products, not just health and beauty, with a year on year increase of 33 per cent in 1988 to £2 billion, independent pharmacies were seen by other traders as the least successful retail outlets last year. As one grocery multiple put it "independent chemists have lost out to grocery multiples and drugstores. They cannot compete on price."

Turning to brands. Plenitude was picked by many retail buyers as the most successful launch of 1988, success attributed mostly to product presentation and promotional support. Clarins and Ulay for sensitive skin were also praised.

In the health care sector Plax got the most mentions with product quality and 'unique selling point' being recognised as key to its buoyant performance. Anadin Extra emerged as the key new pharmaceutical product.

Overall, the trade saw Boots as the most influential retailer of toiletries, cosmetics and OTC pharmaceuticals mainly because of the company's sheer size and the number of people shopping in a Boots branch each week, although some thought their position was becoming increasingly vulnerable due to internal and external factors.

Retail Intelligence report on personal care and health care products. £275 from Mintel International Group, 18 Long Lane, London EC1A 9HE.

Andrews Answer on TV

Sterling Health are to launch another £250,000 television campaign for Answer.

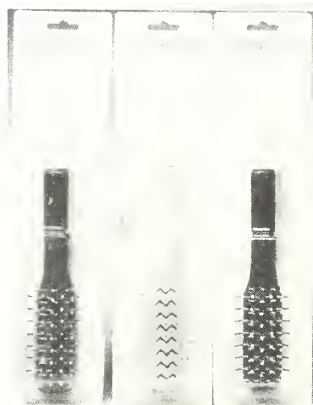
It will run from late November through to Christmas.

This new national campaign will bring the total television support for Andrews Answer to £1.3m. This is in addition to consumer sampling activity, says the company. *Sterling Health. Tel: 0483 65599.*

ON TV NEXT WEEK

GTV Grampian	U Ulster	SK Sky
B Border	G Granada	STV Scotland (central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	TV-am Breakfast Television	TT Tyne Tees

Andrews Answer:	GTV,STV,G,C,HTV, TVS,LWT,TTV,TT,C4,TVam
Aquafresh:	All areas
Beecham Powders Capsules:	All areas except C4&TVam
Benlyin:	All areas
Bisodol Extra:	TV-am
Celsius:	U
Day & Night:	A,TVS,LWT,TTV
Format:	C,G,Y,LWT
Listerine:	GTV
Macleans toothpaste:	All areas
Microglide:	All areas
Pearl Drops:	STV,C,A,C4,TV-am
Pearl Drops Smokers 1+1:	STV,C,A,C4,TV-am
Plax:	STV,Y,HTV,TT
Resolve:	All areas except C4 & TV-am
Samsara:	STV,G,C,LWT,TT
Sanatogen:	All areas except CTV,C4 & TV-am
Solpadeine:	All areas



Squirt brush

The latest addition to AAH Pharmaceuticals' Vantage own-label beauty accessories selection is the squirt brush. The brush includes a device for revitalising hair styles with a mist of water, gel or styling lotion.

Sold in outers of 12 (trade price £10.50 for an outer of 6) in a variety of colours, the Spritza squirt brush sells at £2.99.

AAH have also launched the Vantage banana hair clip hair accessories — Available in assorted colours in trade outers of 12, the two sizes of clips have trade prices of £2.64 and £2.16 respectively. Selling at £0.45 for the large sized banana clips and £0.35 for the small clips. *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

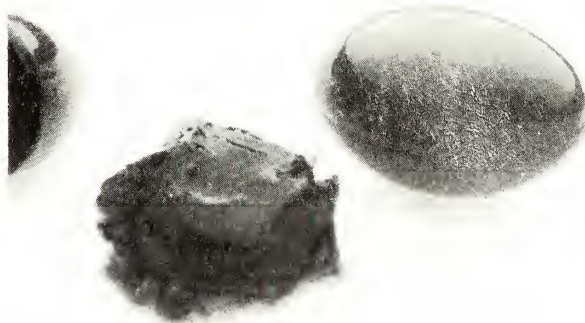
Gel fixes temazepam

From Monday, November 27, doctors will be able to prescribe and pharmacists to dispense, temazepam in a gel-filled soft-gelatin capsule formulation, that overcomes the abuse potential of liquid-filled capsules.

Branded Temazepam Gelthix, Farnitalia Carlo Erba developed the new formulation in an attempt to stop the abuse of temazepam by addicts, who were injecting the liquid from the capsules (*C&D*, August 12, p224). Reports of break-ins at pharmacies and attacks on doctors, caused great concern, says the company.

Developed in conjunction with R.P. Scherer, the new formulation shows identical pharmacokinetic and bio-availability characteristics to the liquid-filled capsules. Gelthix is a blend of high molecular weight macrogols which maintains a high viscosity even after heating. Resistance to flow is retained even if abusers heat the gel and dilute it with water.

However, the chemical environment of temazepam is the same as it was in the original capsule formulation — a solution of



polyethylene glycols — thus problems of stability or unexpected side effects are minimised. And to further reduce abuse, Farnitalia have used chlorophyll KK, the capsule shell colorant, to make the contents very dark green and unattractive.

Temazepam, a short acting 3-hydroxybenzodiazepine, was originally developed in the late 60s as an anxiolytic by Carlo Erba in Italy. Presented as powder-filled hard gelatin capsules, the drug formed a depot of slowly dissolving particles in the gastrointestinal tract, ensuring fairly steady blood levels over a long period of time.

This pharmacokinetic profile, was not desirable for use as a hypnotic, and in the early 1970s Carlo Erba UK and R.P. Scherer developed a solution-filled soft gelatin capsule in which the drug was dissolved in polyethylene glycol.

In 1977, in a co-marketing agreement with Wyeth, the 10mg temazepam capsules made its UK appearance as a hypnotic. In 1985, the company became Farnitalia Carlo Erba. Additional capsules strengths and liquid were introduced by the company, now called Farnitalia Carlo Erba, in 1985. The Planpak presentation was also introduced in response to

the problem of benzodiazepine dependence, say Farnitalia.

Temazepam Gelthix capsules	
10mg	500 £13.82
	1000 £27.64
20mg	250 £12.06
	500 £24.11

(All prices trade)

Farnitalia say 15mg and 30mg strengths will shortly be available. *Farnitalia Carlo Erba Ltd. Tel: 0727 40041.*

BRIEFS

Perstorp Pharma have now received a product licence for Iodosorb ointment (*C&D*, September 16, p432). The POM contains iodine 0.9 per cent w/w in 10g tubes (4 £17.40 trade). *Perstorp Pharma Ltd. Tel: 0256 477868.*

Delandale Laboratories say the shape and markings of Dicyclic 500mg tablets will change from around late November/early December. New tablets are white, capsule-shaped, biconvex and scored and engraved "D500" on one side. *Distributors, Farillon Ltd. Tel: 04023 717136.*

Merieux have new packs for their inactivated rabies vaccine. Packs are smaller, and contain a vial of freeze dried vaccine with diluent in a pre-filled syringe with an integral fine gauge needle. *Merieux UK Ltd. Tel: 0628 785291.*

MAKE SURE YOU TAKE ADVANTAGE OF THE COLOUR WE'VE BEEN PUTTING INTO PEOPLE'S LIVES.

Consumer awareness of the brand leading ginseng has never been higher. Red Kooga sales have doubled in the last 12 months, and more than trebled in the last 3 months. And the reason?

A sustained, innovative campaign and, in particular, a recent promotion in *The Sun*, which prompted over 1/2 million

people to send for free Red Kooga Ginseng trial packs.

Letters have been pouring in from excited consumers who have already felt the benefits that Red Kooga has to offer.

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Mr G., Manager, Bristol.

"Red Kooga makes me feel stronger inside and able to cope better."

Mrs P., Home Help, West Yorkshire.

"I definitely feel much brighter and less tired."

Mr B., Chef, Birmingham.

"I can honestly say it has transformed my life."

Mrs C., Housewife, London.

"It has definitely contributed to leaving me feeling less drained and stressed."

Mrs A., Teacher, London.

"I am truly a new person, mentally and physically."

Mrs A., Housewife, Manchester.

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AUSTRALIAN NOTEBOOK



On September 16 *C&D* brought you exclusive news of the Australian pharmacists' strike in protest over swingeing Government cuts in dispensing fees. From Perth, Professor Robert Parfitt and his wife Judith examine what happened and consider the implications of the Government's action.

For the first time in the history of the profession in Australia, community pharmacists have taken strike action. On September 7 pharmacies closed throughout Australia for several hours as a protest against further cuts in remuneration on health-service prescribed medicines. How can events have turned so sour that the profession, so recently described in a newspaper poll as that most trusted by the public, took an action which meant both self-sacrifice and public inconvenience?

Well, it all harks back to the Prescription Benefits Scheme (PBS), discussed in our July 1 contribution to **Australian Notebook**, and the Hawke Government's attempt to revive Australia's ailing economy with micro-economic solutions. No doubt, pharmacists were singled out for an early attack because they are looked upon as a "soft touch". Why try to pick off the doctors, teachers, warfies (dockers) or public servants when, hopefully, you can get a quick score against the less well-organised and usually uncomplaining community pharmacist?

From October 1, the Pharmaceutical Benefits Remuneration Tribunal (PBRT) ruled that, on average, there would be a 23 per cent cut in the dispensing fee per PBS prescription. The overall loss per script is \$1.05 (about 50p), including the abolition of the 25 per cent mark-up on the wholesale price of these medicines. Clearly, this will make it hardly worthwhile to keep PBS items in stock. The ruling made earlier in the year to cut up to \$5,000 from the annual income of each pharmacy pales into significance when compared with the latest blow. The ruling was greeted by the profession with vocal outrage. On the day of the strike, mass meetings of pharmacists were held in every town and city in the country.

The Pharmacy Guild of Australia has estimated that the loss of income will force the closure of an estimated one-third of Australia's 5,600 pharmacies and most of the remainder will have to trim their staff levels. In his condemnation of the PBRT decision, Peter Shack, the Federal opposition spokesman on health, commented that it would mean the end of community pharmacy as we know it. By far the greatest impact of pharmacy closures will be in the rural and remote communities, and where the lack of rapid access to medicines will prove to be more than inconvenient. In addition, many pharmacists are threatening to pull out of health-scheme dispensing altogether.

Following early sparring between the Pharmacy Guild and the

Federal Government, the battle began in earnest with large, "open-letter" advertisements in all major newspapers.

Government social engineers are unlikely to be moved by the protests against the PBRT decision formulated by an accountant, an economist and a former Labour MP, with no pharmacist input; after all

it will peg or even cut the take-home pay of pharmacists and also reduce the number of pharmacies nationwide. Simplistically, the bureaucrats will see this as a means of lowering the medicines bill. How can it? The root cause of the problem is much more complex.

Medicine costs in Australia are artificially low, being heavily subsidised by Canberra. Moreover, three-quarters of PBS medicines are dispensed free of charge to pensioners. As the population ages, the next two or three years will witness an estimated doubling of the current annual PBS cost of \$1 billion unless drastic action is taken. The Government controls what may be dispensed under the scheme and also how much manufacturers are paid for their products. On the other hand, there is no control on doctors' prescribing habits — that is in the "too-hard" basket. Too much Government interference in a complex market has surely contributed significantly to the current debacle.

Inevitably, the outcome will be fewer pharmacies and higher prescription charges for patients. Starting salaries for newly-qualified pharmacists are the lowest of all professionals, and this together with the pay controversy will be reflected in both the quality and quantity of those school-leavers wishing to enter schools of pharmacy.

The strike did little harm and brought a satisfying wave of public sympathy. This voter response, fed by an anti-Hawke campaign being waged on posters in every pharmacy in the country, is squeezing reconciliatory noises from Canberra.

Even as we prepare to send off this contribution the Federal Government announced an extra dispensing fee for pharmacists, ensuring that they break even, at least, on the more expensive medicines! And the decision to cut pharmacist's remuneration has been put back to November 1. As usual a plaster is applied when major surgery is called for!

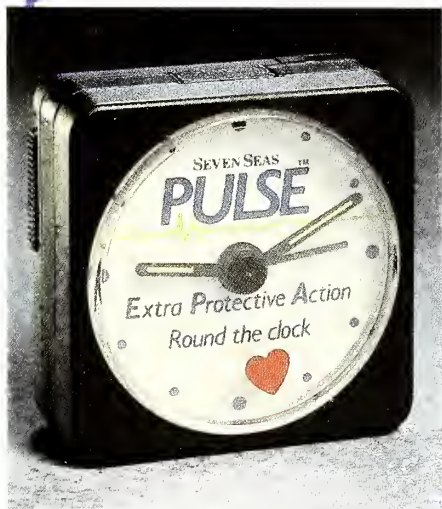
Professor Robert Parfitt is deputy vice chancellor (research) at the University of Western Australia, Perth. His wife Judith is a hospital pharmacist



On average, someone somewhere in Britain dies from heart disease every three minutes. You can help stop Britain's biggest single killer by stocking up with Seven Seas Pulse and by recommending it to your customers.

Pulse Pure Fish Oil capsules contain a special concentrated blend of pure natural fish oils which have now been officially recognised as highly effective in reducing the incidence of heart disease as reported in the Lancet on 29th September.

Pulse Special Offer - 14 tubs for the price of 12 PLUS FREE electronic travelling clock.



Today
NEWSPAPER OF THE YEAR

FISH OILS CUT RISK OF HEART ATTACK

by CHRIS MIHILL

EATING oily fish twice a week can cut the risk of dying from a heart attack by almost a third.

The first proof that low fat diets can save lives came in an official study of 2,000 men with heart attack victims.

Half were advised to eat at least two portions of fish a week, while the other half stuck to their normal diet.

After two years, there had been 29 per cent fewer deaths among those eating fish.

Turn to

Order your stocks of Seven Seas Pulse now and we'll send you an extra 2 tubs FREE with every dozen, plus a Pulse clock FREE with every

6 dozen ordered. Closing date: Dec. 15th 1989. Retail Accounts Only.

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Bonus stock and clock will be supplied direct by Seven Seas Ltd.

The Hydrocortisone Story

Topical hydrocortisone became available in the UK without a prescription in 1987, ending 30 years of exclusive use by the medical profession and providing the pharmacist for the first time with a counter prescribable treatment for minor cases of irritant and allergic contact dermatitis and reactions to insect bites



The discovery of hydrocortisone's anti-inflammatory action on dermatoses and eczema effectively revolutionised their treatment. It brought relief to thousands of patients, quickly resulting in its widespread use and making hydrocortisone a virtual household name.

"The discovery of hydrocortisone has brought relief to thousands of patients"

Despite generous and extensive use, few systemic or local side-effects resulted and it was not until the introduction and widespread use of the more potent fluorinated and non-fluorinated steroids, that systemic complications and localised skin atrophy were reported.

The perceived and actual reactions seen with inappropriate and overuse of the strong steroids has backlashed onto the name hydrocortisone, to such an extent that the general public fears its name and use, without fully understanding it.

For the benefit of skin sufferers, it is important that this reputation, stemming largely from the stronger topical steroids, does not deter patients from using, and pharmacists from recommending hydrocortisone.

The need for OTC hydrocortisone

Minor skin conditions are often regarded as the "bread and butter" of general practice, but their sheer number — 21 per cent of patients suffer from some kind of inflamed and irritated skin rash with 84 per cent seeking medical advice — can in fact overburden the average doctor, leaving patients with a seemingly endless wait only to receive a possible prescription for 1 per cent hydrocortisone.

"21 per cent of patients suffer from some kind of inflamed and irritated skin rash with 84 per cent seeking medical advice"

Its deregulation should have ended, for many, a time consuming visit to the doctor. In reality, GP confusion over its licensed indications for OTC use, a reluctance on the part of pharmacists to recommend a product with which they have little hands on experience, and existing concern by the general public towards steroids in general, has meant some patients being denied the most appropriate treatment, or at best, experiencing a delay in receiving it.

Open to debate

Patients are openly being encouraged to self-medicate for all manner of minor conditions, but despite the benefits of hydrocortisone and many years of clinical experience, plans for its re-classification provoked debate about its

"Over 3 million units of 1 per cent hydrocortisone have been sold in the UK without a prescription"

suitability for self-medication.

Some doctors feared that its availability without medical supervision would lead to incorrect use, delaying appropriate treatment. In practice, such fears were founded more on theory than on experience. Even before OTC hydrocortisone was available, many people with minor skin problems would self-medicate inappropriately before eventually giving up and seeking medical advice.

The hydrocortisone experience

The safety of 1 per cent hydrocortisone demonstrated through 30 years of clinical use as a prescribed medicine, provided the evidence and confidence necessary for the Committee on Safety of Medicines to

"The price of 1 per cent hydrocortisone is less than the NHS prescription charge"

recommend a change in its legal classification.

OTC experience was already available, as other European countries, the USA, as well as Australia and New Zealand, had already made the necessary legal changes making hydrocortisone more readily available.

To date, over 3 million units of 1 per cent hydrocortisone have been sold in the UK without a prescription, and only a handful of adverse reactions have been received by the authorities. In comparison, OTC sales in the USA soared in the first two years to over 35 million, but even these large numbers and wider indications resulted in only seven cases of reported adverse reactions.

Why the continued confusion?

Pharmacists now have an effective tool to recommend for the treatment of minor dermatoses. But despite the high incidence of mild transient dermatoses, a recent survey revealed that only 20 per cent of adults were aware of the product. Why?

"Only 20 per cent of adults are aware of 1 per cent hydrocortisone, despite the high incidence of dermatoses"

Two years on, some pharmacists still say that the lack of relevant experience makes them reluctant to recommend 1 per cent hydrocortisone and they prefer to fall back on those products they have used for years. Yet there is no other OTC topical preparation that controls inflammation: alternatives relieve only some of the symptoms, emollients relieve any associated dryness and antihistamines, itchiness.

Six million people visit a pharmacy every day and six out of every seven customers talk to the assistant first. Relatively few are referred to the pharmacist. Temptation exists for assistants to recommend those products that they can supply without referring to a pharmacist, creating further occasions when the patient may be denied the best treatment.

"Some patients are being denied the most appropriate treatment or at best experiencing a delay in receiving it"

Because it is the least potent, hydrocortisone is widely regarded by the medical profession as the topical steroid of choice for use on the face, in children and in the treatment of eczema. But the OTC product licence does not allow it to be sold for these indications. These limitations have a rebound effect on its use, creating problems for both the GP and patient used to using it for these conditions, due to a lack of understanding.

Undoubtedly this anomaly has added to the confusion, further reducing the occasions when it is supplied. GPs are not sure when they can recommend a patient to purchase 1 per cent hydrocortisone from a pharmacy and the public are misled, resulting in an antagonised patient who all too often has to be sent back to the surgery.

With the onus on encouraging the GP to be acutely aware of practice finances, more GPs see the availability of 1 per cent hydrocortisone over the counter at a cost less than the prescription charge as a distinct advantage, both for patients, and the practice budget, which can only lead to more recommendations in the future from the GP.

Classification of topical steroids

Topical steroids are divided into groups based on their potency — the most appropriate being chosen on a balance of potency, duration of treatment, the severity and type of problem and the area of the body to be treated.

Hydrocortisone and hydrocortisone acetate are rated the weakest of the steroids

"GPs are not sure when they can recommend a patient to purchase 1 per cent hydrocortisone from a pharmacy and the public are confused"



As the queues grow longer in a GP's waiting room, the pharmacist is ideally positioned to offer speedy primary healthcare advice

both clinically and in experimental models of steroid activity, making them well suited to self-medication of transient minor skin irritations, while combining safety, efficacy and patient acceptability.

Of course, pharmacists need to be aware that under certain conditions hydrocortisone may cause some of the characteristic adverse effects of topical steroids. But these are dose and potency related and, more importantly, predictable. In cases to date, those identified for hydrocortisone followed use under circumstances clearly contraindicated for OTC use, such as persistent application to the face or to broken skin in children.

Implications for use

The effect of the product licence for OTC 1 per cent hydrocortisone is to confine its use to the short-term treatment of irritant and allergic contact dermatoses in adults and older children. Although designed to avoid at-risk populations, it hasn't prevented widespread confusion and a degree of concern resulting in many pharmacists avoiding its use.

Within these constraints, there is a distinct lack of evidence of significant toxicity associated with its use, but the significant

potential it offers the pharmacist as an alternative topical treatment has still to be fully realised.

Ninety per cent of pharmacists have claimed to welcome the reclassification and the opportunity to extend their role in primary health care. Yet many patients are denied this most appropriate medicine. The 15g tube provides an optimum amount which easily discriminates between acute problems that will respond to self-treatment and those which justify referral.

Crookes Healthcare and the role of Hc45

Crookes Healthcare have considerable experience in the dermatological market with their E45 range of products for dry skin, and additionally with products that have been rescheduled from POM to P.

As Britain's leading healthcare company with the leading brand of OTC hydrocortisone, Hc45, Crookes Healthcare have decided to take a further lead by undertaking an educational campaign aimed at all sectors of the healthcare professions, the consumer and

the media, which will include seminars and educational material.

The campaign will present the facts behind 1 per cent hydrocortisone logically and attempt to put them in perspective, dispelling old wives' tales and other wildly exaggerated stories.

Crookes Healthcare will provide better information for all these groups, helping you to give better advice and treatment, which in turn will increase patients' trust in the pharmacy, where they know they can receive prompt advice and treatments.

The pharmacist is ideally positioned to offer reassurance and information, and Crookes Healthcare want to see everyone receive the best advice there is for 1 per cent hydrocortisone.



Bob Champion will be a carrot to your customers.

What better way to make sales of VitaBrit jump, than to use former top jockey Bob Champion to help promote it?

And because Bob actually takes VitaBrit every day, he is an ideal personality to feature in our new heavyweight advertising and PR campaign which will run through to next Spring in leading women's magazines.

Like most people, Bob associated Beta Carotene with carrots. In fact, you can get it from eating most fruit and vegetables, but to get as much as in a capsule of VitaBrit you'd have to eat rather a lot of them. Just one small capsule of VitaBrit contains 15mg of Beta Carotene – the daily intake suggested by many nutritionalists.

That's the equivalent of 4½oz of carrots or 4½lb of tomatoes or 2lb of apricots or 330lb of potatoes – every day.

You can certainly see why Bob prefers to supplement his diet with VitaBrit Beta Carotene.

Weight for weight VitaBrit has over 400 times more Beta Carotene than carrots. And it gives a controlled amount and consistent quality every time.

When it comes to the crunch, you can't beat VitaBrit for Beta Carotene.

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Bob Champion

Bob Champion MBE



VitaBrit. Champion for your daily Beta Carotene.

TOPICS IN TREATMENT

Efficacy of lithium

Lithium is the drug of choice for bipolar affective illness (manic depression) but evidence is accumulating that it is not as effective in practice as clinical trials have suggested.

In a recent retrospective review, the outcome of prophylaxis with lithium in patients with bipolar illness was compared with that of an untreated control group. Among the 41 patients treated with lithium, there was total of 12.5 admissions to hospital every year, with an average hospital stay of 2.2 weeks. This was not significantly different from the experience of the control group, with 14.9 admissions per year and an average 2.7 weeks stay. The probability of remaining well was found to be similar for the two groups for the first two years after the first illness.

Subsequently, symptom control tended to be better in the patients treated with lithium although the difference was not significant.

Possible explanations for the discrepancy between success rates achieved in practice and those measured in clinical trials include the risk that GPs monitor treatment less effectively leading to a loss of compliance, misdiagnosis, and a better detection of relapses in the more closely monitored patients. In this study, the severity of relapses was not measured directly and compliance was not confirmed. Whatever the explanation, the study reflects how lithium is used in the community and, on an "intention to treat" basis, it seems to confer no clear benefit.

British Journal of Psychiatry 1989; 155: 496-500.

Long term tricyclic use

Although tricyclic antidepressants are effective in the short term, there is doubt that they prevent relapse during chronic therapy. Estimates of the incidence of relapse during maintenance with drugs such as amitriptyline and imipramine vary between 30 per cent and 50 per cent and it has been suggested that drugs provide no benefit at all after eight months' treatment.

This experience has been borne out in a placebo-controlled comparison of long-term treatment with phenelzine or nortriptyline in 51 elderly patients. All patients had initially responded well to a preliminary four-month course of treatment. Over the next 12 months, 60 per cent of those given phenelzine remained free of depression, 13 per cent relapsed and 13 per cent discontinued treatment because of unspecified adverse effects. By contrast, nortriptyline was no better than placebo, with 54 per cent of patients experiencing further episodes of depression. None withdrew because of adverse effects.

One possible explanation for the failure of nortriptyline to achieve a sustained effect is that a metabolite, 10-hydroxynortriptyline, accumulates in the elderly and may interfere with the activity of the parent drug. Whether similar explanations can account for the reported failure of other tricyclics is uncertain but their value in long-term treatment now seems questionable. Phenelzine appears to offer a more effective alternative.

Archives of General Psychiatry 1989; 46: 783-6

Trigeminal neuralgia

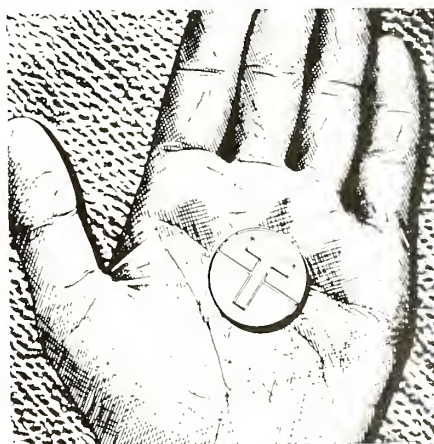
Carbamazepine is the treatment of choice for trigeminal neuralgia. If it is unsuccessful, phenytoin, or both drugs in combination, may be effective. If that fails a study from South America has shown that the neuroleptic pimozide offers an alternative treatment which is possibly superior to carbamazepine.

Forty-eight patients with trigeminal neuralgia of a median 13 years' duration received pimozide and carbamazepine in a crossover study. At doses of 4-12mg daily, pimozide reduced the symptom scores for pain severity and frequency by 78 per cent, with significant improvement apparent after two weeks. Carbamazepine had no significant effect for four weeks and symptom scores were reduced by only 50 per cent. After two months, all patients treated with pimozide showed some improvement compared with only 58 per cent of those given carbamazepine.

Adverse effects were common with both drugs. Carbamazepine caused sedation in over a third of patients and single cases of inappropriate ADH secretion, blood dyscrasias and abnormal liver function tests. Despite attempts to keep the dose to a minimum, pimozide caused extrapyramidal symptoms, including tremor, involuntary movements and parkinsonism, in over 80 per cent of patients. However, no patients would discontinue treatment because of these symptoms.

The explanation for pimozide's efficacy in trigeminal neuralgia is still a matter for speculation. By contrast, its adverse effects are well understood and are likely to limit its use to when treatment fails.

Archives of Neurology 1989; 46: 960-3



Long term efficacy of selegiline

Selegiline is an inhibitor of monoamine oxidase B which enhances the effects of dopamine by inhibiting its breakdown and its presynaptic reuptake. It is used with levodopa to improve end-of-dose akinesia and fluctuating symptoms in people with severe parkinsonism. Clinical trials for up to eight weeks have demonstrated that selegiline is effective in the short term but there is little evidence that its benefits are sustained during prolonged administration.

An uncontrolled study has now reported that the effects of selegiline begin to wear off in many patients within a year. Thirty-nine patients with Parkinson's disease began treatment with selegiline but 17 withdrew within three months because of exacerbation of dopaminergic toxicity (hallucinations or

dyskinesias) or lack of effect. A further six withdrew after an average of eight months when the effects wore off. Of the remainder, who continued for 19 to 22 months, most of the therapeutic effect had been lost in ten patients. Only five patients still derived substantial benefit from selegiline and three of these had required the addition of bromocriptine. Abnormal liver function tests were noted after some six months' treatment, although other drugs taken at the time may have influenced this finding.

This experience suggests that selegiline improves severe parkinsonism acutely but is of medium term benefit and is often limited by adverse effects.

Neurology 1989; 39: 1109-11.

Pyridoxine and premenstrual tension

There is no clearly effective treatment for premenstrual tension (PMT), although pyridoxine, originally used to treat depression in oral contraceptive users, is one of the most popular. A carefully designed placebo-controlled trial has now shown pyridoxine 200mg daily can improve some symptoms.

Thirty-two women kept a daily diary of symptoms commonly associated with PMT, including depression and irritability ('emotional' symptoms), headache ('somatic') and stomach cramps ('menstrual'). There was a significant cyclic variability, with symptoms noticeably worse during days 22-28 and 1-7 of the cycle. These symptoms improved in response to placebo, with scores for emotional symptoms decreasing by 69 per cent and for somatic symptoms by 52 per cent although menstrual

symptoms were unchanged. By comparison, pyridoxine significantly improved emotional symptoms but had no effect on somatic or menstrual symptoms. A subgroup of women who used oral contraceptives experienced more severe symptoms but they responded equally well to pyridoxine. No adverse effects were reported.

Pyridoxine is a co-factor in the metabolism of tryptophan to 5-Ht. It is hypothesized that transient changes in steroid metabolism associated with the menstrual cycle produce a relative deficiency of pyridoxine, leading to changes in mood. This is supported by the fact that only emotional symptoms were improved by pyridoxine in this study.

Journal of the Royal College of General Practitioners 1989; 39: 364-8.

Assessing compliance

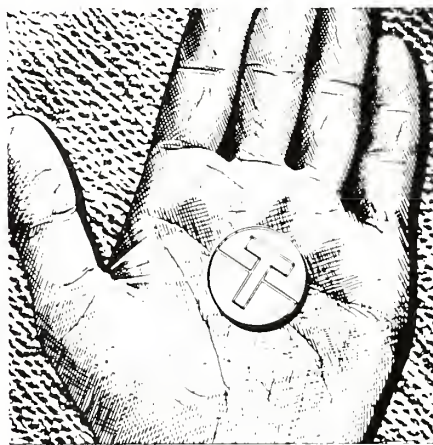
Poor compliance is a significant obstacle to successful treatment but it is difficult to quantify. Simply counting tablets remaining at regular check-ups is probably inadequate, since it assumes that patients who knowingly or accidentally fail to comply will not attempt to conceal the fact.

An alternative method is to label tablets with a pharmacological marker such as phenobarbitone. Measurement of the blood level then provides a more secure estimate of the average dose, although it is not helpful for short periods.

In a comparison of these two methods in 216 patients with diabetes or rheumatoid arthritis, tablet counting suggested that compliance was within ± 10 per cent prescribed dose in 75 per cent. However, the phenobarbitone level was more than 10 per cent below the expected value in a third (adjusted by dose and weight) or half (adjusted by age) of the apparently good compliers. This suggests a greater level of poor compliance and a poor reliability of tablet counts.

The importance of this for clinical practice is emphasised by study in 121 people with hypertension undergoing treatment with the vasodilators hydralazine or pinacidil. Tablet counts, performed surreptitiously, suggested an average compliance rate of 100 per cent. But this concealed marked variation between patients, and over time and there was a tendency for some patients apparently to take more tablets than intended. This may have been because each patient was supplied with one-and-a-half times the correct number of tablets at each appointment. This over compliance was not, however, reflected in blood pressure measurements, which were actually higher than in patients who appeared to take the correct number of tablets. The most likely explanation was 'pill-dumping'.

Clinical Pharmacology and Therapeutics 1989; 46: 163-8 & 169-76.



Colds and raised BP

Hypertensive effects of sympathomimetics in cough and cold remedies are controversial. In single, low doses they have no significant effect on blood pressure in healthy adults but repeated doses may cause a transient increase.

Twenty people with mild to moderate hypertension were given a single 60mg dose of pseudoephedrine in a placebo-controlled, double-blind trial. Over the next three hours, systolic blood pressure increased significantly by 5mmHg. A fall in heart rate which occurred during the experiment with placebo was attenuated by pseudoephedrine.

These data reinforce the need for caution when using sympathomimetics in people with hypertension. An occasional dose will have only marginal effects, but repeated doses may significantly impair blood pressure control.

British Journal of Clinical Pharmacology 1989; 28: 369-72

Discontinuing clonazepam

Publicity surrounding dependence on benzodiazepines has resulted in many people discontinuing treatment in favour of other ways of managing anxiety. However, the publicity may itself provoke anxiety in people who take benzodiazepines which, like clonazepam, have other uses. Is withdrawal from clonazepam associated the adverse effects linked with diazepam and other anxiolytics?

Clonazepam treatment was discontinued in 40 children with epilepsy because of a lack of seizure control or adverse effects. The dose was reduced over a period of up to seven weeks and other anticonvulsant medication was maintained at a constant dose. Seizure frequency increased in only three children and decreased in six. Almost half of the children exhibited withdrawal effects. These symptoms were associated with a significantly higher dose of clonazepam and a longer duration of treatment before discontinuation.

Clonazepam, like other benzodiazepines, is associated with withdrawal symptoms. The authors propose that treatment should therefore be limited to three to six months and discontinued as soon as it becomes clear that no therapeutic effect has been achieved.

Epilepsia 1989; 30: 458-63.

Resistant ulcers

H₂ antagonists heal 90 per cent of duodenal ulcers (DU) after two months' treatment. Evidence suggests that the proton pump inhibitor omeprazole may be more effective and act more quickly than cimetidine or ranitidine. Omeprazole is licensed for peptic ulcers which are unresponsive to conventional treatment.

This hypothesis has been tested in a comparison between omeprazole and ranitidine in 150 patients with DU which had not responded to six weeks' treatment with an H₂ antagonist. Similar numbers of ulcers were healed by both drugs at two and four weeks. Pain relief was achieved with both drugs within a fortnight and about a quarter of patients in each group reported minor adverse reactions.

These data show that 'resistant ulcers' most often require a longer course of treatment rather than an alternative antisecretory agent. However, a change will help those patients in whom even prolonged treatment fails. In this study, 80 per cent of the patients who were still symptomatic after four weeks responded to a further course of omeprazole.

Gut 1989; 30: 1173-8

Topics in Treatment is a regular series written by drug information specialist Steve Chaplin MPS, looking at current developments in medicine.



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The trouble with benzodiazepines

Benzodiazepines were hailed in the Sixties as a better alternative to barbiturates — now many former barbiturate addicts are dependent on them. This problem was recognised in the early days, but only recently has there been a concerted effort to tackle it. *C&D* looks at benzodiazepines: past, present and future

Benzodiazepines are the most commonly used tranquillisers and sedatives. Around one million "ordinary" people are now addicts — long-term dependents with repeat prescriptions for drugs originally supplied as short-term solutions to anxiety and insomnia.

In 1987, prescriptions for benzodiazepines cost the NHS £30.2m. Last year, the number of these prescriptions was 23.2 million, 9 per cent fewer than in 1987. Many doctors have changed their prescribing habits, but the figures suggest there is still an element of overprescribing.

The only direct involvement most community pharmacists had, until August, was in dispensing these prescriptions. But the controversial statement issued by the Council of the Royal Pharmaceutical Society (*C&D*, August 12, p225) that pharmacists should "counsel patients who are receiving prescriptions for benzodiazepines where, on the evidence available, it is considered appropriate to do so", has added another dimension to the pharmacist's role.

Pharmacists have expressed mixed views on this. Some agree with the British Medical Association that "If a pharmacist has any anxiety about the appropriateness of a prescription, he should discuss the matter with the doctor, not the patient". Others say they are not trying to diminish the confidence of patients in their doctors, but are offering a complementary service.

Looking back

Drug dependence and the host of other problems associated with barbiturates led to the search for a safer alternative. When the first benzodiazepine, chlordiazepoxide (Librium, Roche) was introduced in 1960, it was welcomed as being efficacious and safe, with fatal overdose being extremely uncommon. Dependence and withdrawal problems were also believed to be less serious. Roche launched diazepam (Valium) in 1962, and many other companies followed suit with different benzodiazepines. For commercial reasons, the difference between them tended to be exaggerated.

Those used for the treatment of anxiety and insomnia can be divided into short and long acting compounds:



Short acting

Temazepam
Triazolam
Alprazolam
Lormetazepam
Loprazolam
Lorazepam
Oxazepam

Long acting

Chlordiazepoxide
Diazepam
Nitrazepam
Flurazepam
Clorazepate

The more recent products have tended to be short acting compounds. They are more rapidly eliminated from the body and tend to cause less "hangover" and daytime sedation. However, they are more likely to lead to physical dependence — the more potent the drug, the higher the risk. Therefore, although lorazepam and oxazepam are both short acting compounds, oxazepam is about 30 times less potent and has been linked with fewer reports of dependence.

Some doctors have been aware of problems for many years and have been campaigning for stronger controls. In a letter to *The Lancet* (August 19) Dr Ian Oswald of the University Department of Psychiatry, Royal Edinburgh Hospital, said that triazolam should no longer be sold, citing a letter to the same journal ten years before from a Dutch psychiatrist, which pointed out the "triazolam syndrome" (The Netherlands have since banned the use of this drug).

At the "Action on addiction" conference in September, Professor Malcolm Lader said: "Lorazepam causes more problems than any other tranquilliser. The manufacturer's recommended levels are at least two times greater than for any other such drug. I am not in favour of banning drugs, but I see no

reason to use lorazepam."

In *GP* magazine (September 15) Dr Vernon Coleman gives an account of his 17 year campaign for stronger controls. He accuses the Department of Health of failing to respond to warning signs.

One group that has been a recipient of a Government grant for the last three years is Tranx UK. Founded seven years ago by ex-addict Joan Jerome, the group is now facing closure. "The Government says it has done its bit, but without support we can't survive," says Ms Jerome.

"We can warn people of the dangers of these tranquillisers now. When I was prescribed Valium, nobody warned me that I might become addicted to it. Even after I took myself off the drug in an alcohol detoxifying unit, there was no follow up for people with my problem. That's why I formed the group," says Ms Jerome.

When asked about The Society's statement on benzodiazepines, Ms Jerome said: "I think the idea is excellent. Many pharmacists have called Tranx asking for advice on how to counsel people about these drugs. The problem is they have neither the time nor have they been trained to take over counselling. They can only warn patients, but this is a step forward."

What next?

When it comes to apportioning blame, it is at the drug companies that one accusing finger is pointed. The aggrieved probably see the drug companies as the most likely source of compensation. The Benzodiazepine Solicitors Group comprises some 500 solicitors whose co-ordinator, Paul Balen,

tells *C&D* that one or two writs have already been issued. He says the drug companies general attitude is that since their products are licensed, doctors decide to prescribe them.

The drug companies *C&D* spoke to say they no longer promote benzodiazepines to GPs, but doctors who ask for information are told about the potential for habituation. As one company pointed out, around 60 per cent of patients experience no withdrawal problems, even after several months treatment. The companies speak of ongoing research into developing alternatives. And of the writs? They will be taking action as and when they arrive.

Taking the blame?

GPs, too, are being blamed. Paul Balen told *C&D* that some solicitors anticipate serving writs on GPs before the end of the year on several different counts, including withdrawing benzodiazepines from addicted patients too quickly. In contrast, GP William Clark, in a letter to *The Lancet* last month, told of his 100 per cent success in weaning patients off benzodiazepines using diazepam elixir which is diluted down gradually.

The general view on benzodiazepines is that they can continue to be useful tranquillisers, if they are used correctly. The Committee on Safety of Medicines prescribing advice is: 1 Benzodiazepines are indicated for the short-term relief (two to four weeks only) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.

2. The use of benzodiazepines to treat short-term "mild" anxiety is inappropriate and unsuitable.

3. Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or subjecting the individual to extreme distress.

Benzodiazepines become less effective after prolonged treatment and reach their maximum efficacy after about one week. When treatment has continued for several weeks, any advantages they may have over other psychological treatments are rapidly lost, so that after 6-10 weeks, almost all other treatments are preferable.

This patient needs a vaginal applicator for the contraceptive cream but her doctor has omitted to prescribe it on the FP10. Will the pharmacist have to refer back to the GP, and will the patient have to pay for the device? The Pharmaceutical Services Negotiating Committee explains.

QUESTIONS

1 The doctor has not ordered an applicator for the Ortho-Creme on the prescription but the patient does require one. Can the

pharmacist supply an applicator without having to refer the prescription back to the doctor?

2 What would the charges be to the patient and what fees would be paid to the pharmacist if the prescription was ordered with a vaginal applicator?

3 On prescriptions for other preparations, such as Canesten

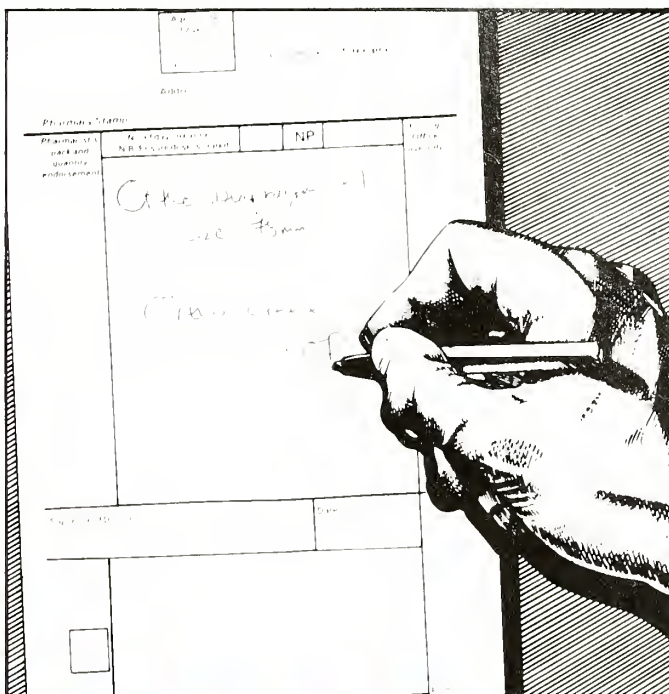
pessaries which contain a vaginal applicator, would a special fee be paid for the applicator?

ANSWERS

1 Yes — in this case the pharmacist can supply an Ortho vaginal applicator and endorse on the prescription that supply has been made (ref: Drug Tariff part IXA p58).

2 The patient would not be levied any charges as the prescription would be regarded as a "no charge" contraceptive item. The pharmacist would be entitled to three fees — one graduated professional fee and two special fees. The special fees would be for the applicator and the diaphragm as they are Drug Tariff appliances.

3 Not necessarily — it all depends on the products and the applicator. Canesten pessaries are packed with an applicator which is not to Drug Tariff specification although it is an integral part of the pack. However, because it is not a Drug Tariff specification vaginal applicator, it does not attract a special fee. In the case of a prescription for Monistat cream, which is packed with a Drug Tariff specification applicator, a special fee would be paid.



Q&A

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Open debate the thing

The vitriolic comment expressed by R.A. Ratcliffe (*Letters*, C&D last week) towards Alan Smith and the new organisation of which he is director, The British Generic Manufacturers Association (BGMA), is ill conceived.

There is no doubt that the increase in parallel imports currently supplied on NHS prescriptions over recent years will be measured in the current discount inquiry and it's inevitable that the Department of Health will want to clawback the increased discounts. At the present time it is a matter of conjecture to speculate, as Mr Smith and others did at the IPMI conference, on the likely alteration to the Drug Tariff reimbursement prices. The DoH will act on such facts and not, as Mr Ratcliffe appears to think, on informed predictions made by Mr Smith and others at a conference.

The idea of conferences is for people to confer and to debate, predict and exchange views on matters of common interest. Some of the predictions concerning future NHS remuneration and reimbursement are pessimistic. Although bad news might be ahead regarding discount clawback, it is quite out of order for Alan Smith to be labelled by Mr Ratcliffe as "...such an enemy of pharmacy" just because he makes informed comment on a controversial matter. Students of the NHS pharmacy contract will know that during Mr Smith's employment with the PSNC community pharmacy collectively experienced both substantially increased remuneration and greater security. If Mr Smith is "...such an enemy of pharmacy" then the profession will have to look hard to find a friend.

The comment about BGMA is

similarly unacceptable. This much needed organisation embodies for the first time standards in the form of a published Code of Practice for manufacturers of generic medicines. The current market place appears to abound with suppliers of such medicines but only a few wish to be identified with standards, the majority promoting their products on price only. Responsible proprietors, exposed to the inevitable debate about quality assurance when price seems to be the only motivation to buy would be reassured in making purchases from BGMA companies — or at least from those who clearly adopted BGMA standards and the code of practice.

Dr. I.F. Jones
Pharmacy Practice Research Unit, University of Bradford

savings such as this, made by contractor pharmacists, are shared between government and contractor. Here they are all clawed back, and the only opportunity the contractor has is to try to "beat the average" or gain a short-term advantage. Using parallel imports provided such an opportunity but our paymasters have now caught up with us. That is the point where that particular discussion started.

I'm quite prepared to argue with Alan Smith when I disagree with him, and quite often did so when he was with PSNC, but to describe him as an enemy of pharmacy is rubbish. The enemies of pharmacy are those with their heads in the sand, refusing to see the problems which are looming before them.

Miall James
Thundersley, Essex

Counterblast!

I read with amazement the attack on Alan Smith by Mr R.A. Ratcliffe (*Letters* last week). All Mr Smith did was to point out that, from the figures quoted by Mr Hamilton (of Stephar UK) and supported from the floor, the use of parallel imports would indicate a rise in the scale of some 2-3 per cent, suggesting that at worst a total of 12 per cent could be reached.

Mr Ratcliffe appears to believe that the Department of Health is unaware of the amount of parallel imports coming into the country, a belief which demonstrates at best an extreme innocence. Of course the Department knows what is happening. It has the means to find out including information obtained from contractors under pain of penalty.

The point Alan Smith was making was that in other countries

Animal rights?

May I respond to Dr Morris' letter (C&D November 11, p786) which contains much welcome information.

Research for my MPhil thesis on controls on animal antibiotics in Europe was completed towards the end of 1988. In the three years prior to that date, I was in regular contact with a pharmacist working at the National Drugs Advisory Board and I stand by my information obtained at that time. If the authorities are now effectively policing the animal medicines market in Ireland, no-one will be more delighted than the Royal Pharmaceutical Society which still regularly receives complaints concerning antibiotics of Irish origin being found on farms in Britain.

The publication of an annual report by all the enforcement agencies in Europe (and I include the UK which does not yet do so) would, if freely available, provide objective evidence that we are all fulfilling our Treaty obligations and remove doubt, which, as Dr Morris says, is always divisive. This doubt leads to my principal concern; will it be safe to assume, as we must in 1992, that comparable controls will be applied at source rather than on receipt of goods, especially when those goods will include animal medicines such as antibiotics and animal products and carcasses? My research provided few answers, it may be that, by asking publicly, reassurance may now be forthcoming.

Mrs J. Wingfield
Law Department, RPSGB



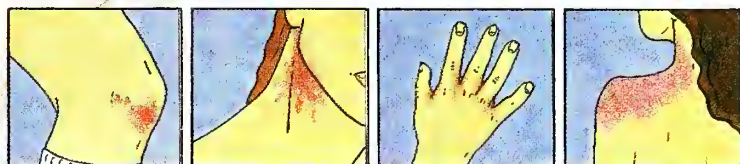
Finishing touches are being applied this week to the £7m conversion of the Chestergate department store by the Northwest Co-operative Society. The new store features a pharmacy, opticians, travel agency and a Co-operative Handybank, all under one roof

For fast, effective treatment face the problems with Dermidex

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Cuts and grazes	Fights infection, promotes healing	Open cuts should be avoided with this treatment
Open sores	Soothes the pain, fights infection	Inappropriate
Feminine itch (personal irritation)	Cooling action relieves irritation while reducing infection risk	Not recommended
Anal irritation	Gentle treatment to soothe irritation	Not recommended



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BUSINESS NEWS

Unilever buy more perfumes

Unilever last week acquired from the Valentino group the worldwide exclusive licence to use the Valentino brand for perfumes and other cosmetics.

The products will be marketed by the international organisation of Elizabeth Arden which was acquired by Unilever earlier this year.

A Unilever spokesman told *C&D*: "The Valentino brand will strengthen our position in the prestige segment of the perfumes market. Creativity in the design of products like the Valentino range, combined with Unilever marketing expertise and our distribution network, will ensure rapid expansion and development in this segment".

The terms of the deal were not disclosed.

Healthy start for Bodycare

Healthy Bodycare reported sales of £100,000 last week for the company's first full year of trading.

Founder and chairman Max Wolf told *C&D* that people are "no longer accepting advertising hype when they buy toiletries" and believed their "success" could be put down to the "purity of our products".

He said over the next six months the company will be adding a shower gel, body lotion and another baby care product to its range of skincare and bathcare products.

CliniMed Ltd have moved to Cavell House, Knaves Beech Way, Loudwater, High Wycombe, Bucks HP10 9QY. The new telephone number is 0628 850100, and the new fax number is 0628 850055. There is no change in the Link Line number which remains 0800 585125.

AAH up 23 per cent to £16m on half year

AAH Holdings plc this week reported interim pre-tax profits up 23 per cent to £16.1m. Group turnover of £490m was 9 per cent ahead of last year's comparative, after adjustment for activities which have been sold — principally the minority holding in British Fuels Ltd, disposed in December 1988.

The group's healthcare division has turnover up 8.2 per cent to £398m, representing 81.2 per cent of total business. Mr WM Pybus, chairman, says: "The reduced impact of the Unichem share scheme saw the market for wholesale pharmaceuticals return nearer to normal conditions and divisional sales responded accordingly, maintaining AAH's position as the leading supplier to the UK market".

Mr Pybus said further margin improvements have been secured in the division while new initiatives to promote Home Healthcare through community pharmacists, and to extend the coverage of their agency distribution business to hospitals, made "encouraging" progress.

The Vantage retail pharmacies traded "very satisfactorily" over

the period under review and nine additional shops were acquired, taking the total to 79. Further acquisitions are under negotiation, he said.

Mr Pybus highlighted the introduction of more own-label products and the Autumn campaign launched to build sales through the Vantage programme's 2500 independent members and through pharmacies operating within AAH's franchise programme.

Hillcross Pharmaceuticals, AAH's generic drugs packaging company has performed well in "a market prone to periodic price turbulence", he said.

AAH Meditel, the computerised drug usage and medical information database to manufacturers has recently secured its first research study, Mr Pybus said. It forms part of a link up with the UK subsidiary of an American manufacturer, and also an initial contract for the supply of general market research information. Negotiations with a number of other manufacturers are in progress and AAH expect revenues from all these initiatives to begin to flow next year.

Medicare expected to be sold

Medicare drugstores are expected to be sold off by Isosceles, as part of the break up of Gateway, as *C&D* goes to press this week.

Neither Lloyds chairman Allen Lloyd or Kingfisher boss Geoffrey Mulcahy are commenting on speculation linking their groups with a bid.

Medicare, with 89 outlets, are expected to fetch about £15m.

Lloyds have just added four drugstores to their Supasave chain and relocated a store to larger premises in Bulwell, near Nottingham.

The new drugstores are in Belper, Derbyshire; West Kirby in the Wirral; Water, near Liverpool; and Swinton, Manchester.

LIG slow to £16m

London International Group this week announced a 23 per cent pre-tax profit increase for the six month period ended September 30. Pre-tax profit was £16.2m, well below City expectations.

The Health and Personal Products division achieved operating profit of £10.2m, up over 21 per cent on turnover of £105.8m.

Chairman Alan Woltz said the condom market has shown some acceleration in growth in the USA and Europe and appears to correlate with the recent World Health Organisation data on the increasing number of AIDS cases.

Unilever last week announced pre-tax profits of £427m for the third quarter 1989 on turnover of £5,055m. For the nine months ended September 30 1989, pre-tax profit improved by 13 per cent to £1,214m and turnover rose by 13 per cent to £14,216m.

New face for Daniel

Richard Daniel & Son Ltd this week relaunched the company.

They have a new name — Daniels Pharmaceutical — and a new company logo. Chief executive Richard Wood, appointed in July, told *C&D* that he has already implemented a restructuring programme to prepare the company for the next decade. "It is vitally important that our customers see our potential and understand that Daniels is a forward thinking company, determined to meet today's varied challenges", he said.



Daniels
PHARMACEUTICAL

Amersham International this week reported that they are set to acquire a range of reagents from Johnson & Johnson's Belgian subsidiary.

IN THE CITY

After the buffeting which followed the resignation of Nigel Lawson as Chancellor, the stock market seems to have steadied within a narrow trading range. Retail sales have continued to slow down, providing a positive note to equities, but fears of a possible recession and low share trading volumes have kept the stockmarket unsettled.

Like the rest of the market, pharmaceuticals shares suffered in the aftermath of the Lawson resignation, but subsequently recovered due to their defensive qualities during recessionary times. Although the sector has been uneventful over the last month, it is now again attracting attention, thanks to a spate of results from some prominent companies.

Late this week Wellcome were due to report full year results for the year to August 30. The company's shares have had a roller coaster ride in the past few months, but more recently have seen a strong rise on the back of hopes for Retrovir. Although the results are unlikely to throw up any surprises, analysts were expecting the company to come in with profits before tax of about £285m, compared with £221.2m in the previous year. The market is expecting profits growth to reflect a strong performance from the two anti-viral treatments, Zovirax and Retrovir. In the current year, profits are forecast to rise to about £365m, brokers estimate. However, much of the market's excitement in recent days has been reserved for Amersham International. The company unveiled a disastrous set of half year results with profits nearly halved to £6.1m before tax. One contributory factor was that the company had to suspend its pharmaceutical sales in Japan for 25 days earlier this year, costing Amersham about £1.2m.

However, the worse than expected result has failed to dent its share price due to bid speculation. The market believes that the company's continuing problems are about to attract a takeover bid. There is no shortage of candidates who would be interested in picking up Amersham, analysts say, as many UK and overseas drugs companies would be interested in their specialist operations.

A disappointing set of figures also came from London International Group, with pre-tax profits of £16.2m about £1m below some estimates.

AAH Holdings were due to report half time results, this week and analysts will be looking for a confident statement about their prospects. The market is looking for taxable profits of around £36m for the full year.

Golden Lady Focus on Legs

Focus on Legs Ltd last week announced a merger with Europe's largest hosiery manufacturer, Golden Lady.

Focus on Legs chairman, John Rowley says, "Golden Lady now gives Focus on Legs the resources to compete with the UK giants on major volume business. "Golden Lady have one of the most advanced hosiery manufacturing plants, featuring rigorous quality control. Each and every pair of tights and stockings being checked before packing".

The first Golden Lady products are scheduled for December delivery.

Body Shop up 31pc

The Body Shop last week reported pre-tax profits up 31 per cent to £5.32m for the half year.

Turnover rose 50 per cent to £34.6m. Chairman Gordon Roddick says: "We've felt the side effects of the UK consumer spending squeeze. Instead of 15 to 18 per cent organic growth, we've achieved 12 per cent. But that is growth that almost all other retailers would like".

European Home Products are to pay £2.1m for Bioderma Italia. The skincare company, based in northern Italy, will slot into EHP's existing distribution network.

COMING EVENTS

PSNI homes lecture

The penultimate lecture in this term's programme of continuing education in Northern Ireland takes place at the Beechlaw Hotel, Dunmurry, Belfast on November 29 at 10am.

The topic is "Pharmacy services to residential homes", and the course will be practically orientated. Places are available for 16-20 participants.

Course lecturers will be Dr Dennis Morrison, CAPO, Northern Health and Social Services Board, and Miss Andree McCollum, principal pharmacist, Eastern Health and Social Services Board.

Monday, November 20

Southampton Branch, RPSGB. Meeting cancelled.

Society of Cosmetic Scientists. Royal Bath Hotel, Bournemouth. Two-day symposium on "Cosmetic Microbiology into the 1990s."

Tuesday, November 21

Leicestershire Branch, RPSGB. PGMC Leicester Royal Infirmary at 7.30pm. Postgraduate lecture IV.

Bath Branch, RPSGB. Senior Common Room, Bath University at 8pm. Undergraduate Students, "Meet the local pharmacy branch."

NPA Area 10. The Dolphin Hotel, High Street, Southampton at 7.15pm. "Increase your confidence in counter prescribing for skin conditions." Speaker, Dr Jane Portlock. Buffet courtesy of Crookes.

PSNI in conjunction with the Fermanagh and West Tyrone Chemists' Association at The Royal Arms Hotel, Omagh. Two evening course, also on Tuesday November 28, is designed to focus on a number of selected clinical conditions often presented by women for advice and treatment by the community pharmacist. Mrs Muriel Singleton, lecturer, School of Pharmacy, Queens University, Belfast. 7.30 for 8.00pm.

Wednesday, November 22

NPA Area 1. The Walldridge Tavern, Walldridge Road, Chester Le Street at 7.15pm. "Increase your confidence in counter prescribing for skin conditions." Speaker, Dr Clive Edwards. Buffet courtesy of Crookes.

North Metropolitan Branch, RPSGB. The School of Pharmacy, Brunswick Square, WC1 at 7.30pm. "The licensing of herbal medicines and its significance after 1992." Speaker, Dr. Linda Anderson.

Thursday, November 23.

NPA Area 12. The Medical Institute, Hartshill Road, Stoke on Trent at 7.15pm. "Increase your confidence in counter prescribing for skin conditions." Speaker, Dr Norman Westwood. Buffet courtesy of Crookes.

Chiltern Region Lecture at the PGM, Edgware General Hospital at 7.30pm. "Marketing the Professions", by Sir Alastair Porter, secretary and registrar, Royal College of Veterinary Surgeons.

Bedfordshire Branch, RPSGB.

Coach & Horses, Barton Le Clay at 8pm. Speaker, member of Council of Royal Pharmaceutical Society.

Friday, November 24

PSNI Malone House, Barnett's Park, Upper Malone, Belfast, 10am-4pm. "Law and ethics in professional practice." (for pre-registration students). Speakers, Mr Ivan McFarland and Mrs Muriel Singleton.

Saturday, November 25

Wirral Branch, RPSGB. Annual dinner at the Thornton Hall Hotel. Tickets £14.50 available from committee members.

Advanced information

Society of Cosmetic Scientists.

"The story of aromatherapy", at the Royal Society of Medicine, Wimpole Street, London W1, on December 7, at 7pm. Speaker, Daniele Ryman. Guests' evening — non-members welcome. Refreshments at 6.30pm.

Pharmaceutical Marketing Society, golfing section. Christmas get-together at Surbiton golf club, on December 18. Details from Ray Miller on 0428 725418 or Richard Daykinon 0483 502125.

Stockport Branch, NPA. "Is there life after cost plus?", at Alma Lodge Hotel, Buxton Road, Stockport on January 9 at 7.30pm. Speaker, Mr Michael Brining, PSNC. Buffet courtesy of Kemp Pharmaceuticals.

Spectra Retail Concepts. "Electronic marketing in retailing and finance, 1990", at Regent Crest Hotel, London on January 16-17. For details and booking forms contact 0734 320177.

IBC Technical Services. "New Drug strategies in the prevention and treatment of stroke", at the Royal College of Physicians, London on January 24-25. Fee £488.75. Contact Penny Robinson on 01-236 4080.

Society of Cosmetic Scientists. "Active ingredients in cosmetics and toiletries", a teach-in at the Bedford Hotel, Brighton on January 31. For details and registration forms contact 0582 26661.

The Society for Drug Research. A symposium on case histories of drug design, at the School of Pharmacy, Brunswick Square, London WC1 on December 4. Registration fee of £15 for non-members. Inquiries to Mrs B. Cavilla, Society for Drug Research, 20 Queensberry Place, London SW7 2DZ (tel: 01-581 8333).

The United States Pharmaceutical Convention (USP) will hold a two-day meeting on current revision issues in Charleston, South Carolina, May 15-16, 1990. The Conference will discuss drug release standards for modified-release dosage forms and alternative dissolution apparatus; harmonization of standards for excipients; developing standards for flexible packaging; and developing standards for aerosol drug delivery systems. The registration fee is \$295. Information from Mrs Anju Malhorta, USP Drug Standards Division, 12601 Twinbrook Parkway, Rockville, MD 20852 (tel: 1-301/881-0666 fax: 1-301/881-4968).

Beekay Ltd, based at Northfield Industrial Park, Wembley, are holding a Christmas trade show on Wednesday November 22, Thursday November 23 and Sunday November 26. The first two shows open at 2.30pm running to 9.30pm while the Sunday show is open 10.30am to 3pm. Beekay stock a large range of small electricals and photographic products. Tel 01-900 0580 for a show catalogue.

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APPOINTMENTS

Interesting Opportunities in Drug Regulatory Affairs

The Wellcome Foundation Limited has a distinguished history of innovation in research and development of new medical products, many of which have represented significant advances in human healthcare. International Drug Regulatory Affairs plays a key role in the process of introducing new products to the market place by ensuring that complex regulatory requirements worldwide are satisfied.

Expansion in this area has resulted in some interesting opportunities for life science graduates preferably with experience of the Pharmaceutical Industry. The work will involve the compilation of registration submissions to support marketing applications in the UK and overseas, requiring the interpretation and intelligent use of technical and commercial information. Strong communication skills and the ability to liaise effectively with people at all levels, both within the Company and in external organisations, are essential.

** One of these positions will require a pharmacist or chemist ideally with some*

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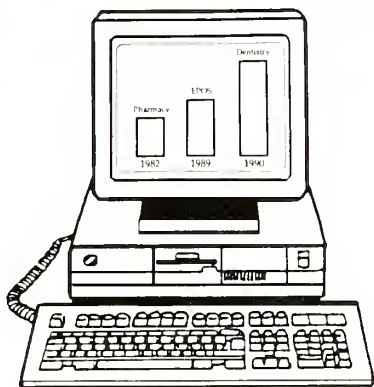
Wellcome

experience of the drug development process. Two to three years experience in regulatory affairs would be preferred.

** A second position would suit a graduate of the biological sciences with an interest in the development process and in the handling of clinical data. Some experience in the latter area would be preferred. This executive will join a team compiling clinical dossiers and will be expected to represent regulatory affairs on company project teams developing new therapies.*

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The successful candidates for the SALES/MARKETING MANAGER and the EPOS MANAGER positions will be aged 28 to 40 with successful track records in marketing products to the pharmacy sector of the healthcare industry. Knowledge of computer systems would be an additional benefit.

If you are interested in these opportunities in a Company with truly exciting growth potential, please contact our Recruitment Consultant, John Davies, at Tridas at the address below. Initial interviews will be held at the end of November, 1989.

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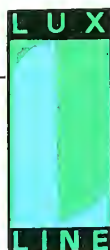
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ABOUT PEOPLE



Pharmacists Patrick Roche (left) and Phil Burgan pictured with their car which brought them sixth place in the Pharmacists European Challenge car rally

GP pair come sixth in Euro-rally

Two Leeds pharmacists, Patrick Roche and Phil Burgan, came sixth in the recent Pharmacy European Challenge car rally from Strassburg to Lisbon.

They told *C&D* the competition was "very professional". The itinerary had just indicated a pleasant drive through Europe with receptions, lectures and dinners at each stop. The two races in competition cars, which were to be provided, looked to be the only real hassle.

But when Pat and Phil arrived at Strassburg they found five of the competitors had properly adapted rally cars, which made their Ford RS Turbo seem rather inadequate. The rally was to take them over 4,000 miles, driving over a gruelling 7am to 10pm day for most of the time. There were 19 entrants, four of whom

abandoned the race.

Says Phil: "If only we could have done a little better in the two races — coming 3rd and 5th — our placing would have been much better, as there were only 25 points between us and the winner.

They hope to enter again next year but in something a little bit more powerful. And they hope that they will not be the only representative from Great Britain.

APPOINTMENTS

AAH Pharmaceuticals have appointed Anne Greenaway as the company's new chemist's sales representative, based at its Vestric Footscray, Kent.

Crookes Healthcare Ltd have appointed Leslie Fitzell as senior product manager (International) on Farley's baby milks, rusks and cereals.

George Gunn, division manager and veterinary advisor of the animal health division at Janssen Pharmaceutical (UK) Ltd has been co-opted to the Board of the National Office of Animal Health.



Pharmacist winners in ICI's Zestril community pharmacist quote quiz line up at the company's headquarters. The prize included a copy of *Martindale* and *The World's Worst Golf Club*, autographed by the cartoonist Bill Tidy. The winners from over 2,000 entrants were entertained at ICI's headquarters and the presentation made by Bill Tidy and Jerry Raine (Zestril product manager). Pictured here from left to right: Jerry Raine, Luckvia Lall, Roberts Watts, Gerard Greene, Bill Tidy, Tony Wilhams, John Gourley and Pummy Bhatia



Winner of the *Hermestas/Chemex '89* prize drawer was proprietor pharmacist Mr Patricia Brown of Soundwell Road Chemist, Kingswood, Bristol. Pictured here Mrs Brown receiving her prize of Olympus gift vouchers worth £500 from Mike Barrett, divisional sales director for Jenks Brokerage

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